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Introduction

As part of the Food and Drug Administration (FDA) Modernization Act, an assessment of thimerosal use in vaccines was conducted from 1997 to 1999. The FDA investigation was unable to locate any clinical studies formally evaluating the use of thimerosal before its initial marketing in the 1930's. The only study found was from 1931 where thimerosal was administered to individuals suffering from meningitis. The study was not designed to specifically examine toxicity; no clinical assessments were described nor were laboratory studies reported. In the paper, the authors acknowledge the clinician who treated the meningitis patients was not convinced of its efficacy stating “beneficial effects of the drug were not definitely proven.” Industry scientists noted in 1930 that a “wide range of toxicity and injury tests should be done” but they were not.

Today, the scientific literature is flush with research that documents deleterious effects of thimerosal on numerous organ systems, including the immune, metabolic and nervous, in mammals and humans. These effects may vary depending on the dose, the genetics of the individual, and the timing of exposure. This research strongly suggests that ethyl mercury exposure from thimerosal containing vaccines given to infants or pregnant women has the potential to cause harmful effects.

Therefore, in the interest of precaution, removal of mercury from vaccines given to vulnerable populations is warranted. Actions that lead to removal of thimerosal, particularly given that sufficient supplies of mercury free vaccines are readily available, should be supported.

In addition, all of the recommendations for additional research from the Institute of Medicine Immunization Safety Review report: Thimerosal Containing Vaccines and Neurodevelopmental Disorders, 2001 should be conducted immediately. We note that the 2004 report from the Institute of Medicine in this regard, Immunization Safety Review: Vaccines and Autism, did not fulfill the recommendations from the 2001 report, regarding clinical and biological science, and relied heavily on epidemiological studies containing serious design flaws and conflicts of interest.

This document is a brief summary of recently published science, conducted in the many fields of research recommended in the initial report by the Institute of Medicine in 2001, regarding thimerosal at doses which correspond to levels found in vaccines, or at concentrations that are likely to result from vaccine administration.

A brief summary of research supporting other forms of mercurials and their role in autism, autism behaviors and known biological anomalies have been included, as mercury from all vectors is known to impact development.
**Human & Infant Research**

**IATROGENIC EXPOSURE TO MERCURY AFTER HEPATITIS B VACCINATION IN PRETERM INFANTS**


Stajich measured blood mercury levels in low birth weight and term newborns administered the Hepatitis B vaccine containing 12.5 µg ethyl mercury. The investigation documented elevated post-immunization concentrations relative to pre-immunization levels in all neonates studied. Levels of blood mercury after exposure in low birth weight infants were 7.36 (± 4.99) µg/L. Note: One infant was found to have developed a mercury level of 23.6 µg/L, thus meeting the CDC criteria as a case of chemical poisoning from mercury defined as a blood level of 10µg/L or greater.

**MERCURY CONCENTRATIONS AND METABOLISM IN INFANTS RECEIVING VACCINES CONTAINING THIMEROSAL: A DESCRIPTIVE STUDY**


Pichichero reported a mercury blood level in a 2-month-old infant of 20.55 nmol/L five days after the infant received a 37.5 µg dose of ethylmercury (the amount contained in one DTaP and one Hepatitis B vaccine). Many infants, however, beginning in the early 1990’s and for the next decade, received a 62.5 µg dose of ethylmercury (adding in the Haemophilus influenzae type b (Hib) vaccine) at the 2-month well baby visit. A vaccine expert from the Johns Hopkins Institute for Vaccine Safety estimated that these infants may have experienced peak blood mercury levels of 48.3 nmol/L; well above the presumed EPA safety threshold of 29.0 nmol/L. As a reference point, the CDC recently defined a toxic exposure to mercury in an adult as a blood mercury level of >10µg/L (50 nmol/L) -- approximately the same blood level that some infants experienced at two months of age.

**HAIR MERCURY IN BREAST-FED INFANTS EXPOSED TO THIMEROSAL-PRESERVED VACCINES**


Marques investigated the impact of thimerosal on the total mercury content of hair in breast fed infants receiving thimerosal containing vaccines and found exposure to vaccine-EtHg represents 80% of that expected from total breast milk-Hg in the first month but only 40% of the expected exposure integrated in the 6 months of breastfeeding. However, the Hg exposure corrected for body weight at the day of immunization was much higher from thimerosal- EtHg (5.7 to 11.3 mugHg/kg b.w.) than from breastfeeding (0.266 mugHg/kg b.w.). While mothers showed a relative decrease (-57%) in total hair-mercury during the 6 months lactation there was substantial increase in the infant's hair-mercury (446%).
**Mercury Levels in Newborns and Infants after Receipt of Thimerosal-Containing Vaccines**

Pichichero ME, Gentile A, Giglio N, Umido V, Clarkson T, Cernichiari E, Zareba G, Gotelli C, Gotelli M, Yan L, Treanor J Dept of Microbiology/Immunology, Pediatrics, & Medicine, University of Rochester

CONCLUSIONS: The blood half-life of intramuscular ethyl mercury from thimerosal in vaccines in infants is substantially shorter than that of oral methyl mercury in adults. Increased mercury levels were detected in stools after vaccination, suggesting that the gastrointestinal tract is involved in ethyl mercury elimination. Because of the differing pharmacokinetics of ethyl and methyl mercury, exposure guidelines based on oral methyl mercury in adults may not be accurate for risk assessments in children who receive thimerosal-containing vaccines.

**Infant Primate Research**

**Comparison of Blood and Brain Mercury Levels in Infant Monkeys Exposed to Methylmercury or Vaccines Containing Thimerosal**


Burbacher compared brain mercury levels in infant Macaca fascicularis primates exposed to injected ethylmercury (thimerosal) and equal amounts of ingested methylmercury. The ethylmercury more rapidly converted to inorganic mercury in the brains of the primates which resulted in increasing levels of inorganic mercury and the primates exposed to ethylmercury retained at least twice as much inorganic mercury in their brains compared to the primates exposed to methylmercury. The relative concentrations in monkeys with detectable levels of inorganic mercury were 16 ng/g in thimerosal-treated monkeys and 7 ng/g in the methylmercury-treated monkeys in which inorganic mercury levels were detectable. Inorganic mercury was below detectable levels in 8 out of 17 of the methylmercury-treated monkeys. Exposures to mercury during these critical periods of development disrupt the growth and migration of neurons, with the potential to cause irreversible damage to the central nervous system. Prior primate studies found inorganic mercury in the brain was associated with microgliosis and neuroinflammation, recent finding also documented in autistic brain.
**PEDIATRIC VACCINES INFLUENCE PRIMATE BEHAVIOR, AND AMYGDALA GROWTH AND OPIOID LIGAND BINDING**

Friday, May 16, 2008: IMFAR

L. Hewitson, Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh, Pittsburgh, PA B. Lopresti, Radiology, University of Pittsburgh, Pittsburgh, PA C. Stott, Thoughtful House Center for Children, Austin, TX J. Tomko, Pittsburgh Development Center, University of Pittsburgh, Pittsburgh, PA L. Houser, Pittsburgh Development Center, University of Pittsburgh, Pittsburgh, PA E. Klein, Division of Laboratory Animal Resources, University of Pittsburgh, Pittsburgh, PA C. Castro, Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh, Pittsburgh, PA G. Sackett, Psychology, Washington National Primate Research Center, Seattle, WA S. Gupta, Medicine, Pathology & Laboratory Medicine, University of California - Irvine, Irvine, CA D. Atwood, Chemistry, University of Kentucky, Lexington, KY L. Blue, Chemistry, University of Kentucky, Lexington, KY E. R. White, Chemistry, University of Kentucky, Lexington, KY A. Wakefield, Thoughtful House Center for Children, Austin, TX

**Background:** Macaques are commonly used in pre-clinical vaccine safety testing, but the combined childhood vaccine regimen, rather than individual vaccines, has not been studied. Childhood vaccines are a possible causal factor in autism, and abnormal behaviors and anomalous amygdala growth are potentially inter-related features of this condition.

**Objectives:** The objective of this study was to compare early infant cognition and behavior with amygdala size and opioid binding in rhesus macaques receiving the recommended childhood vaccines (1994-1999), the majority of which contained the bactericidal preservative ethylmercurithiosalicylic acid (thimerosal).

**Methods:** Macaques were administered the recommended infant vaccines, adjusted for age and thimerosal dose (exposed; N=13), or saline (unexposed; N=3). Primate development, cognition and social behavior were assessed for both vaccinated and unvaccinated infants using standardized tests developed at the Washington National Primate Research Center. Amygdala growth and binding were measured serially by MRI and by the binding of the non-selective opioid antagonist [11C]diprenorphine, measured by PET, respectively, before (T1) and after (T2) the administration of the measles-mumps-rubella vaccine (MMR).

**Results:** Compared with unexposed animals, significant neurodevelopmental deficits were evident for exposed animals in survival reflexes, tests of color discrimination and reversal, and learning sets. Differences in behaviors were observed between exposed and unexposed animals and within the exposed group before and after MMR vaccination. Compared with unexposed animals, exposed animals showed attenuation of amygdala growth and differences in the amygdala binding of [11C]diprenorphine. Interaction models identified significant associations between specific aberrant social and non-social behaviors, isotope binding, and vaccine exposure.
**Conclusions:** This animal model, which examines for the first time, behavioral, functional, and neuromorphometric consequences of the childhood vaccine regimen, mimics certain neurological abnormalities of autism. The findings raise important safety issues while providing a potential model for examining aspects of causation and disease pathogenesis in acquired disorders of behavior and development.

**PEDIATRIC VACCINES INFLUENCE PRIMATE BEHAVIOR, AND BRAIN STEM VOLUME AND OPIOID LIGAND BINDING**

Saturday, IMFAR
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**Background:** Abnormal brainstem structure and function have been reported in children with autism. Opioid receptors play key roles in neuro-ontogeny, are present in brainstem nuclei, and may influence aspects of autism. Childhood vaccines are a possible causal factor in autism and while primates are used in pre-clinical vaccine safety testing, the recommended infant regimen (1994-1999) has not been tested.

**Objectives:** The objective of this study was to compare brain stem volume and opioid binding in rhesus infants receiving the recommended infant vaccine regimen.

**Methods:** Rhesus macaques were administered vaccines adjusted for age and thimerosal dose (exposed; N=13), or placebo (unexposed; N=3) from birth onwards. Brainstem volume was measured by quantitative MRI, and binding of the non-selective opioid antagonist [11C]diprenorphine (DPN) was measured by PET, at 2 (T1) and 4 (T2) months of age. Neonatal reflexes and sensorimotor responses were measured in standardized tests for 30 days.

**Results:** Kaplan-Meier survival analyses revealed significant differences between exposed and unexposed animals, with delayed acquisition of root, suck, clasp hand, and clasp foot reflexes. Interaction models examined possible relationships between time-to-acquisition of reflexes, exposure, [3C]DPN binding, and volume. Statistically significant interactions between exposure and time-to-acquisition of reflex on overall levels of binding at T1 and T2 were observed for all 18 reflexes. For all but one (snout), this involved a mean increase in time-to-acquisition of the reflex for exposed animals. In each model there was also a significant interaction between exposure and MRI volume on overall binding.

**Conclusions:** This animal model examines the neurological consequences of the childhood vaccine regimen. Functional and neuromorphometric brainstem anomalies were evident in vaccinated animals that may be relevant to some aspects of autism. The
findings raise important safety issues while providing a potential animal model for examining aspects of causation and disease pathogenesis in acquired neurodevelopmental disorders.

MICROARRAY ANALYSIS OF GI TISSUE IN A MACAQUE MODEL OF THE EFFECTS OF INFANT VACCINATION

Saturday, May 17, 2008 IMFAR
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Background: There has been considerable debate regarding the question of an interaction between childhood vaccinations and adverse sequelae in the gastrointestinal tract, immune system, and central nervous system of some recipients. These systems, either singly or in combination, appear to be adversely affected in many ASD children. Although pre-clinical tests of individual vaccines routinely find the risk/benefit ratio to be low, previously there has not been a study to examine the effects of the comprehensive vaccination regime currently in use for infants.

Objectives: This study was designed to evaluate potential alterations in normal growth and development resulting from the vaccine regimen that was in use from 1994-1999. Specifically, this portion of the study was to compare the gene expression profiles obtained from gastrointestinal tissue from vaccinated and unvaccinated infants.

Methods: Infant male macaques were vaccinated (or given saline placebo) using the human vaccination schedule. Dosages and times of administration were adjusted for differences between macaques and humans. Biopsy tissue was collected from the animals at three time points: (1) 10 weeks [pre-MMR1], (2) 14 weeks [post-MMR1] and, (3) 12-15 months [at necropsy]. Whole genome microarray analysis was performed on RNA extracted from the GI tissue from 7 vaccinated and 2 unvaccinated animals at each of these 3 time points (27 samples total).

Results: Histopathological examination revealed that vaccinated animals exhibited progressively severe chronic active inflammation, whereas unexposed animals did not. Gene expression comparisons between the groups (vaccinated versus unvaccinated) revealed only 120 genes differentially expressed (fc >1.5; log ratio p<0.001) at 10 weeks, whereas there were 450 genes differentially expressed at 14 weeks, and 324 differentially expressed genes between the 2 groups at necropsy.

Conclusions: We have found many significant differences in the GI tissue gene expression profiles between vaccinated and unvaccinated animals. These differences will be presented and discussed.
**Animal Research**

**COMPARISON OF ORGANIC AND INORGANIC MERCURY DISTRIBUTION IN SUCKLING RATS**  

Orct compared body distribution of organic mercury (thimerosal) and inorganic mercury in suckling rats imitating the vaccination schedule of infants. The levels of mercury were higher in the liver and kidney of the inorganic group and the thimerosal group demonstrated higher levels in the blood and brain tissue. Brain retention of mercury in the thimerosal group was 1.5 times higher than the inorganic mercury group, which confirms the fact that thimerosal more easily crosses the blood-brain barrier and may result in significant accumulation with repeated exposure.

**IMMUNOSUPPRESSIVE AND AUTOIMMUNE EFFECTS OF THIMEROSAL IN MICE**  

Havarinasab studied the effect of thimerosal by treating A.SW (H-2S) mice, susceptible to induction of autoimmunity by heavy metals, with thimerosal in drinking water developed antinuclear antibodies (ANoA) whereas mice sharing background genes with the A.SW and B10.S strain, but with a different H-2 haplotype, did not develop ANoA, linking the susceptibility to H-2. They concluded that thimerosal has initial immunosuppressive effects similar to those of MeHg. However, in contrast to MeHg, thimerosal treatment leads in genetically susceptible mice to a second phase with strong immunostimulation and autoimmunity, which is T-cell dependent, H-2 linked and may at least partly be due to the inorganic mercury derived from the metabolism of ethyl mercury.

**NEUROTOXIC EFFECTS OF POSTNATAL THIMEROSAL ARE MOUSE STRAIN DEPENDENT**  
Hornig M, Chian D, Lipkin WI. *Molecular Psychiatry.* 2004 Sep;9(9):833-45.

Hornig exposed autoimmune-prone infant mice with thimerosal-containing vaccines at the dose given to human infants adjusted for mouse weight. This investigation reported a number of observable effects including growth delay; reduced locomotion; exaggerated response to novelty; and densely packed, hyperchromic hippocampal neurons with altered glutamate receptors and transporters. Strains resistant to autoimmunity were not susceptible. These findings implicate genetic influences and provide a model for investigating thimerosal-related neurotoxicity.
**Effect of Thimerosal, a Preservative in Vaccines, on Intracellular Ca2+ Concentration of Rat Cerebellar Neurons**


Ueha-Ishibashi investigated the effect of thimerosal on cerebellar neurons dissociated from 2-week-old rats was compared with those of methylmercury. Both agents at 1 microM or more similarly decreased the cellular content of glutathione in a concentration-dependent manner, suggesting an increase in oxidative stress and increased intracellular concentrations of Ca2+. Thimerosal was also found to exert cytotoxic actions on cerebellar granule neurons and its potency was similar to that of methylmercury. The FDA and EPA use methymercury as their toxicity standard, so demonstration of equivalence shows the potential of thimerosal to cause the same harm as methylmercury, for which more research exists.

**Thimerosal Distribution and Metabolism in Neonatal Mice: Comparison with Methyl Mercury**

Neurotoxicology. 2007 Feb 23; : 17382399

Grazyna Zareba, Elsa Cernichiari, Rieko Hojo, Scott Mc Nitt, Bernard Weiss, Moiz M Mumtaz, Dennis E Jones, Thomas W Clarkson

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Thimerosal, which releases the ethyl mercury radical as the active species, has been used as a preservative in many currently marketed vaccines throughout the world. Because of concerns that its toxicity could be similar to that of methyl mercury, it is no longer incorporated in many vaccines in the United States. There are reasons to believe, however, that the disposition and toxicity of ethyl mercury compounds, including thimerosal, may differ substantially from those of the methyl form. The current study sought to compare, in neonatal mice, the tissue concentrations, disposition and metabolism of thimerosal with that of methyl mercury. ICR mice were given single intramuscular injections of thimerosal or methyl mercury (1.4 mg Hg kg(-1)) on postnatal day 10 (PND 10). Tissue samples were collected daily on PND 11-14. Most analysed tissues demonstrated different patterns of tissue distribution and a different rate of mercury decomposition. The mean organic mercury in the brain and kidneys was significantly lower in mice treated with thimerosal than in the methyl mercury-treated group. In the brain, thimerosal-exposed mice showed a steady decrease of organic mercury levels following the initial peak, whereas in the methyl mercury-exposed mice, concentrations peaked on day 2 after exposure. In the kidneys, thimerosal-exposed mice retained significantly higher inorganic mercury levels than methyl mercury-treated mice. In the liver both organic and inorganic mercury concentrations were significantly higher in thimerosal-exposed mice than in the methyl mercury group. Ethyl mercury was incorporated into growing hair in a similar manner to methyl mercury. The data showing significant kinetic differences in tissue distribution and metabolism of mercury species challenge the assumption that ethyl mercury is toxicologically identical to methyl mercury. Copyright (c) 2007 John Wiley & Sons, Ltd.
GENDER-SELECTIVE TOXICITY OF THIMEROSAL
Exp Toxicol Pathol. 2008 Sep 2. [Epub ahead of print]
Branch DR.
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A recent report shows a correlation of the historical use of thimerosal in therapeutic immunizations with the subsequent development of autism; however, this association remains controversial. Autism occurs approximately four times more frequently in males compared to females; thus, studies of thimerosal toxicity should take into consideration gender-selective effects. The present study was originally undertaken to determine the maximum tolerated dose (MTD) of thimerosal in male and female CD1 mice. However, during the limited MTD studies, it became apparent that thimerosal has a differential MTD that depends on whether the mouse is male or female. At doses of 38.4-76.8mg/kg using 10% DMSO as diluent, seven of seven male mice compared to zero of seven female mice tested succumbed to thimerosal. Although the thimerosal levels used were very high, as we were originally only trying to determine MTD, it was completely unexpected to observe a difference of the MTD between male and female mice. Thus, our studies, although not directly addressing the controversy surrounding thimerosal and autism, and still preliminary due to small numbers of mice examined, provide, nevertheless, the first report of gender-selective toxicity of thimerosal and indicate that any future studies of thimerosal toxicity should take into consideration gender-specific differences.

Cellular Research

THIMEROSAL INDUCES TH2 RESPONSES VIA INFLUENCING CYTOKINE SECRETION BY HUMAN DENDRITIC CELLS

Agrawal documented that thimerosal exercised TH2-promoting effects through modulation of functions of human dendritic cells (DC) by inhibition of LPS induced proinflammatory cytokines TNF-alpha, IL-6, and IL-12p70 resulting in an increase TH2 (IL-5, IL-13 and decreased TH1 (IFN-gamma). Thimerosal exposure of DC led to depletion of intracellular glutathione (GSH) and the addition of exogenous GSH to DC abolished the TH2 promoting effect of thimerosal. (Note James has documented that children with autism have low levels of plasma glutathione)
THIMEROSAL INDUCES APOPTOSIS IN A NUEROBLASTOMA MODEL VIA THE CJUN N-TERMINAL KINASE PATHWAY

Herdman notes that cJun N-terminase kinase (JNK)-signaling pathway activation has been implicated in neuronal apoptosis. Herdman investigated the role that the JNK pathway plays in neurotoxicity caused by thimerosal. SK-N-SH cells treated with thimerosal (0-10 microM) showed an increase in the phosphorylated (active) form of JNK and cJun with 5 and 10 microM thimerosal treatment at 2 and 4 h. To assess which components are essential to apoptosis, cells were treated with a cell-permeable JNK inhibitor and the downstream effectors of apoptosis were analyzed. Results indicate that thimerosal-induced neurotoxicity occurs through the JNK-signaling pathway, independent of cJun activation, leading to apoptotic cell death.

UNCOPPLING OF ATP-MEDIATED CALCIUM SIGNALING AND DYSREGULATION INTERLEUKIN-6 SECRETION IN DENDRITIC CELLS BY NANOMOLAR THIMEROSAL

Goth investigated adenosine triphosphate (ATP) mediated Ca2+ responses in dendritic cells (responsible for initiating primary immune responses) exposed briefly to nanomolar concentrations (100nM, 5 min) of thimerosal and found that dendritic cells were exquisitely sensitive to thimerosal resulting in uncoupling of the positive and negative regulation of Ca2+ signals.

THIMEROSAL INDUCES NEURONAL CELL DEATH BY CAUSING CYTOCHROME C AND APOPTOSIS-INDUCING FACTOR RELEASE FROM MITOCHONDRIA.

Yel demonstrated that thimerosal, at nanomolar concentrations, induced neuronal cell death through the mitochondrial pathway. The thimerosal induced apoptosis was associated with depolarization of mitochondrial membranes, generation of reactive oxygen species and release of cytochrome c and apoptosis-inducing factor, suggesting that thimerosal cause apoptosis in neuroblastoma cells by altering the mitochondrial microenvironment.
IN VITRO UPTAKE OF GLUTAMATE IN GLAST AND GLT-1 TRANSFECTED MUTANT CHO-K1 CELLS IS INHIBITED BY THE ETHYLMERCURO-CONTAINING PRESERVATIVE THIMEROSAL

Mutkus determined that thimerosal caused significant and selective changes in both glutamate transporter mRNA and protein expression in the CHO-K1 cell line. This study suggests that thimerosal accumulation in the central nervous system might contribute to dysregulation of glutamate homeostasis. Glutamate is a neurotransmitter and is necessary for proper brain functioning. Note: Yip (2007) documented decreased levels of glutamate in autistic cerebral brain tissue and Hornig (2004) noted altered glutamate receptors in thimerosal exposed mice.

THIMEROSAL INDUCES DNA BREAKS, CASPASE-3 ACTIVATION, MEMBRANE DAMAGE, AND CELL DEATH IN CULTURED HUMAN NEURONS AND FIBROBLASTS

Baskin documented that thimerosal disrupts cell membranes, damages DNA and alters cell shape at concentrations only 4 times those expected from vaccines. Greater effects were seen as the length of time of exposure grew, suggesting that under real conditions the concentration needed for the observed alterations would be much lower. It has been documented in subsequent research that exposure of cells to nanomolar levels of thimerosal after 24 hours results in cell alterations.

MITOCHONDRIAL MEDIATE THIMEROSAL-INDUCED APOPTOSIS IN A HUMAN NEUROBLASTOMA CELL LINE (SK-N-SH)

Humphrey noted that after only short (2 hour) exposures to thimerosal at 5 micromolar concentrations in a human neuroblastoma cell line caused morphological changes including membrane alterations and cell shrinkage leading to cell death. Cytochrome C was shown to leak from the mitochondria followed by caspase 9 cleavage. These findings support deleterious effects on cellular cytoarchitecture and initiation of mitochondrial-mediated apoptosis induced by thimerosal.

THIMEROSAL NEUROTOXICITY IS ASSOCIATED WITH GLUTATHIONE DEPLETION: PROTECTION WITH GLUTATHIONE PRECURSORS

James noted that the viability of neuronal cell lines was decreased after just 3 hour exposure to 2.5 micromolar concentrations of thimerosal. Also noted was that cultured neuroblastoma cells were found to have lower levels of GSH and increased sensitivity to thimerosal in comparison to glioblastoma cells that contain higher levels of GSH. Furthermore, pretreatment with glutathione ethyl ester or NAC prevented cytotoxicity with exposure up to 15 micromolar thimerosal.
BIOCHEMICAL AND MOLECULAR BASIS OF THIMEROSAL-INDUCED APOPTOSIS IN T CELLS: A MAJOR ROLE OF MITOCHONDRIAL PATHWAY
Makani found thimerosal, in micromolar concentration, causes cell death (apoptosis) in immune cells (T cells). The data also suggested that the thimerosal induced apoptosis in T cells occurred via mitochondrial pathways by inducing oxidative stress and depletion of glutathione.

EFFECTS OF THIMEROSAL ON NGF SIGNAL TRANSDUCTION AND CELL DEATH IN NEUROBLASTOMA CELLS
Parran DK, Barker A, Ehrich M. Toxicological Sciences. 2005 Jul;86(1):132-40. Parran documented that thimerosal causes DNA fragmentation of neuronal cells and disrupts neuronal growth factor signaling at micromolar and even nanomolar concentrations. With and without NGF, thimerosal caused elevated levels of fragmented DNA appearing at 0.01 microM (apoptosis) to decrease at concentrations >1 microM (necrosis). These data demonstrate that thimerosal could alter NGF-induced signaling in neurotrophin-treated cells at concentrations lower than those responsible for cell death.

ACTIVATION OF METHIONINE SYNTHASE BY INSULIN-LIKE GROWTH FACTOR-1 AND DOPAMINE: A TARGET FOR EURODEVELOPMENTAL TOXINS AND THIMEROSAL
Waly noted that thimerosal inhibits critical DNA methylation and attentional pathways at nanomolar concentrations, leading to alterations in brain function. Thimerosal inhibited both IGF-1- and dopamine-stimulated methylation with an IC(50) of 1 nM and eliminated MS activity which can lead to alterations in brain function. A novel growth factor signaling pathway that regulates MS activity and thereby modulates methylation reactions, including DNA methylation was also identified.
**Thimerosal Induces Micronuclei in the Cytochalasin B Block Micronucleus Test with Human Lymphocytes**


Significant induction of micronuclei was seen at concentrations of thimerosal between 0.05-0.5 µg/ml in 14 out of 16 experiments. Thus, genotoxic effects were seen even at concentrations which can occur at the injection site. Toxicity and toxicity-related elevation of micronuclei was seen at and above 0.6 µg/ml thimerosal. Marked individual and intraindividual variations in the in vitro response to thimerosal among the different blood donors occurred. However, there was no association observed with any of the glutathione S-transferase polymorphism investigated. In conclusion, thimerosal is genotoxic in the cytochalasin B block micronucleus test with human lymphocytes (immune cells). These data raise some concern on the widespread use of thimerosal.

**Zinc Ions Cause the Thimerosal-Induced Signal of Fluorescent Calcium Probes in Lymphocytes**

Cell Calcium. 2008 Oct 31. [Epub ahead of print]

Haase H, Hebel S, Engelhardt G, Rink L., Institute of Immunology, RWTH Aachen University Hospital, Aachen, Germany.

Most fluorescent probes for the investigation of calcium signaling also detect zinc ions. Consequently, changes in the intracellular zinc concentration could be mistaken for calcium signals. Thimerosal (TMS) is used as a calcium-mobilizing agent and we analyzed the contribution of zinc ions to the signal observed with fluorescent calcium probes after TMS stimulation. Our findings show that the fluorescent signal in lymphocytes is entirely due to zinc release. Experiments in the T lymphocyte cell line Jurkat and primary human lymphocytes show that TMS and its active metabolite, ethyl mercury, cause an increase in signal intensity with probes designed for the detection of either calcium or zinc ions. The TMS/ethyl mercury-induced signal of the calcium probes Fluo-4 and FURA-2 was completely absent when the zinc chelator TPEN [N,N,N',N'-tetrakis-(2-pyridyl-methyl)ethylenediamine] was added. In contrast, the signal caused by thapsigargin-induced release of calcium from the endoplasmic reticulum was unaffected by TPEN. In light of these observations, zinc may also contribute to calcium signals caused by mercury-containing compounds other than TMS, and a potential involvement of zinc release in the immunomodulatory effects of these substances should be considered.
Genotoxicity of Thimerosal in Cultured Human Lymphocytes with and Without Metabolic Activation Sister Chromatid Exchange Analysis Proliferation Index and Mitotic Index

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Thimerosal is an antiseptic containing 49.5% of ethyl mercury that has been used for years as a preservative in many infant vaccines and in flu vaccines. Thimerosal is an organic mercurial compound used as a preservative in biomedical preparations. In this study, we evaluated the genotoxic effect of thimerosal in cultured human peripheral blood lymphocytes using sister chromatid exchange analysis in culture conditions with and without S9 metabolic activation. This study is the first report investigating the genotoxic effects of thimerosal in cultured human peripheral blood lymphocyte cells using sister chromatid exchange analysis. An analysis of variance test (ANOVA) was performed to evaluate the results. Significant induction of sister chromatid exchanges was seen at concentrations between 0.2 and 0.6 microg/ml of thimerosal compared with negative control. A significant decrease (p<0.001) in mitotic index (MI) and proliferation index (PRI) as well as an increase in SCE frequency (p<0.001) was observed compared with control cultures. Our results indicate the genotoxic and cytotoxic effect of TH in cultured human peripheral blood lymphocytes at tested doses in cultures with/without S9 fraction.

Epidemiological Research

Early Thimerosal Exposure & Neuropsychological Outcome at 7 to 10 Years

It has been hypothesized that early exposure to thimerosal, a mercury-containing preservative used in vaccines and immune globulin preparations, is associated with neuropsychological deficits in children. 1047 children between the ages of 7 and 10 years were enrolled and administered standardized tests assessing 42 neuropsychological outcomes. Exposure to mercury from thimerosal was determined from computerized immunization records, medical records, personal immunization records, and parent interviews. Information on potential confounding factors was obtained from the interviews and medical charts. The
association between current neuropsychological performance and exposure to mercury was assessed during the prenatal period, the neonatal period (birth to 28 days), and the first 7 months of life.

Among the 42 neuropsychological outcomes, boys receiving thimerosal were 2 ½ times more likely to have motor and phonic tics, which can be debilitating. Additionally, this study revealed that children receiving thimerosal were more likely to have deficits in attention, behavior control and verbal IQ.

**AN EPIDEMIOLOGICAL ANALYSIS OF THE ‘AUTISM AS MERCURY POISONING’ HYPOTHESIS**


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**Abstract.** Where direct experimental research into a causal hypothesis of a disease is impossible due to ethical and practical considerations, epidemiological inference is the accepted route to establishing cause. Therefore, to examine the autism as mercury poisoning hypothesis, this paper reviews the existing scientific literature within the context of established epidemiological criteria and finds that the evidence for a causal relationship is compelling. Exposure to mercury (via vaccines and maternal dental amalgam) in utero and during infant years is confirmed; mercury poisoning is known to cause symptoms consistent with autism; animal modeling supports the link and, critically, mercury levels are higher in both the urine and blood of autistic children than in non-autistic peers. Analogous to epidemiological evidence of the smoking-lung cancer relationship, a mercury-autism relationship is confirmed. The precautionary principle demands that health professionals not take an action if there is suspicion that the action may cause severe or lifelong health effects: it does not require certainty. Therefore, given the severity, devastating lifelong impact and extremely high prevalence of autism, it would be negligent to continue to expose pregnant and nursing mothers and infant children to an amount of avoidable mercury.

**NEURODEVELOPMENTAL DISORDERS, MATERNAL RH-NEGATIVITY, AND RHOD IMMUNE GLOBULINS: A MULTI-CENTER ASSESSMENT**


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**BACKGROUND:** Many formulations of Thimerosal (49.55% mercury by weight)-containing Rho(D) immune globulins (TCRs) were routinely administered to Rh-negative mothers in the US prior to 2002. **OBJECTIVES:** It was hypothesized: (1) if prenatal Rho(D)-immune globulin preparation exposure was a risk factor for neurodevelopmental disorders (NDs) then more children with NDs would have Rh-negative mothers compared to controls; and (2) if Thimerosal in the Rho(D)-immune globulin preparations was the ingredient associated with NDs, following the removal of Thimerosal from all manufactured Rho(D)-immune globulin preparations from 2002 in the US the frequency
of maternal Rh-negativity among children with NDs should be similar to control populations.

METHODS: Maternal Rh-negativity was assessed at two sites (Clinic A-Lynchburg, VA; Clinic B-Rockville and Baltimore, MD) among 298 Caucasian children with NDs and known Rh-status. As controls, maternal Rh-negativity frequency was determined from 124 Caucasian children (born 1987-2001) without NDs at Clinic A, and the Rh-negativity frequency was determined from 1,021 Caucasian pregnant mothers that presented for prenatal genetic care at Clinic B (1980-1989). Additionally, 22 Caucasian patients with NDs born from 2002 onwards (Clinics A and B) were assessed for maternal Rh-negativity.

RESULTS: There were significant and comparable increases in maternal Rh-negativity among children with NDs (Clinic: A=24.2%, autism spectrum disorders (Clinic: A=28.3%, B=25.3%), and attention-deficit-disorder/attention-deficit-hyperactivity-disorder (Clinic: A=26.3%) observed at both clinics in comparison to both control groups (Clinic: A=12.1%, B=13.9%) employed. Children with NDs born post-2001 had a maternal Rh-negativity frequency (13.6%) similar to controls.

CONCLUSION: This study associates TCR exposure with some NDs in children.

**THIMEROSAL EXPOSURE IN INFANTS AND NEURODEVELOPMENTAL DISORDERS: AN ASSESSMENT OF COMPUTERIZED MEDICAL RECORDS IN THE VACCINE SAFETY DATALINK**


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The study evaluated possible associations between neurodevelopmental disorders (NDs) and exposure to mercury (Hg) from Thimerosal-containing vaccines (TCVs) by examining the automated Vaccine Safety Datalink (VSD). A total of 278,624 subjects were identified in birth cohorts from 1990-1996 that had received their first oral polio vaccination by 3 months of age in the VSD. The birth cohort prevalence rate of medically diagnosed International Classification of Disease, 9th revision (ICD-9) specific NDs and control outcomes were calculated. Exposures to Hg from TCVs were calculated by birth cohort for specific exposure windows from birth-7 months and birth-13 months of age. Poisson regression analysis was used to model the association between the prevalence of outcomes and Hg doses from TCVs. Consistent significantly increased rate ratios were observed for autism, autism spectrum disorders, tics, attention deficit disorder, and emotional disturbances with Hg exposure from TCVs. By contrast, none of the control outcomes had significantly increased rate ratios with Hg exposure from TCVs. Routine childhood vaccination should be continued to help reduce the morbidity and mortality associated with infectious diseases, but efforts should be undertaken to remove Hg from vaccines. Additional studies should be conducted to further evaluate the relationship between Hg exposure and NDs.
Related Autism-Mercury Research

**Mutation Research/Fundamental and Molecular Mechanisms of Mutagenesis**

Leticia Bucio, Cecilia Garcia, Verranica Souza, Elizabeth Hernandez, Cristina Gonzalez, Miguel Betancourt and Ma. Concepcion Gutierrez-Ruiz


Uptake, cellular distribution and DNA damage produced by mercuric chloride in a human fetal hepatic cell line. Abstract: A human hepatic cell line (WRL-68 cells) was employed to investigate the uptake of the toxic heavy metal mercury. Hg accumulation in WRL-68 cells is a time and concentration dependent process. A rapid initial phase of uptake was followed by a second slower phase. The transport does not require energy and at low HgCl2 concentrations (<50 μM) Hg transport occurs by temperature-insensitive processes. Subcellular distribution of Hg was: 48% in mitochondria, 38% in nucleus and only 8% in cytosolic fraction and 7% in microsomes. Little is known at the molecular level concerning the genotoxic effects following the acute exposure of eucaryotic cells to low concentrations of Hg. Our results showed that Hg induced DNA single-strand breaks or alkali labile sites using the single-cell gel electrophoresis assay (Comet assay). The percentage of damaged nucleus and the average length of DNA migration increased as metal concentration and time exposure increased. Lipid peroxidation, determined as malondialdehyde production in the presence of thiobarbituric acid, followed the same tendency, increased as HgCl2 concentration and time of exposure increased. DNA damage recovery took 8 h after partial metal removed with PBS–EGTA.

A Case-Control Study of Mercury Burden in Children with Autistic Spectrum Disorders

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Abstract: Large autism epidemics have recently been reported in the United States and the United Kingdom. Emerging epidemiologic evidence and biologic plausibility suggest an association between autistic spectrum disorders and mercury exposure. This study compares mercury excretion after a three-day treatment with an oral chelating agent, meso-2,3-dimercaptosuccinic acid (DMSA), in children with autistic spectrum disorders and a matched control population. Overall, urinary mercury concentrations were significantly higher in 221 children with autistic spectrum disorders than in 18 normal controls (Relative Increase (RI)=3.15; P < 0.0002). Additionally, vaccinated cases showed a significantly higher urinary mercury concentration than did vaccinated controls (RI=5.94; P < 0.005). Similar urinary mercury concentrations were observed among matched vaccinated and unvaccinated controls, and no association was found between urinary cadmium or lead concentrations and autistic spectrum disorders. The observed urinary concentrations of mercury could plausibly have resulted from thimerosal in childhood vaccines, although other environmental sources and thimerosal in Rh (D)
immune globulin administered to mothers may be contributory. Regardless of the mechanism by which children with autistic spectrum disorders have high urinary mercury concentrations, the DMSA treatment described in this study might be useful to diagnose their present burden of mercury.

**Autism Spectrum Disorders in Relation to Distribution of Hazardous Air Pollutants in the San Francisco Bay Area**
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Environ Health Perspect. 2006 September; 114(9): 1438–1444

**Objective.** To explore possible associations between autism spectrum disorders (ASD) and environmental exposures, we linked the California autism surveillance system to estimated hazardous air pollutant (HAP) concentrations compiled by the U.S. Environmental Protection Agency.

**Methods.** Subjects included 284 children with ASD and 657 controls, born in 1994 in the San Francisco Bay area. We assigned exposure level by census tract of birth residence for 19 chemicals we identified as potential neurotoxicants, developmental toxicants, and/or endocrine disruptors from the 1996 HAPs database. Because concentrations of many of these were highly correlated, we combined the chemicals into mechanistic and structural groups, calculating summary index scores. We calculated ASD risk in the upper quartiles of these group scores or individual chemical concentrations compared with below the median, adjusting for demographic factors.

**Results.** The adjusted odds ratios (AORs) were elevated by 50% in the top quartile of chlorinated solvents and heavy metals [95% confidence intervals (CIs), 1.1–2.1], but not for aromatic solvents. Adjusting for these three groups simultaneously led to decreased risks for the solvents and increased risk for metals (AORs for metals: fourth quartile = 1.7; 95% CI, 1.0–3.0; third quartile = 1.95; 95% CI, 1.2–3.1). The individual compounds that contributed most to these associations included mercury, cadmium, nickel, trichloroethylene, and vinyl chloride.

**Conclusions.** Our results suggest a potential association between autism and estimated metal concentrations, and possibly solvents, in ambient air around the birth residence, requiring confirmation and more refined exposure assessment in future studies.

**Prenatal Methylmercury Exposure Hampers Glutathione Antioxidant System Ontogenesis and Causes Long-Lasting Oxidative Stress in the Mouse Brain.**
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During the perinatal period, the central nervous system (CNS) is extremely sensitive to metals, including methylmercury (MeHg). Although the mechanism(s) associated with
MeHg-induced developmental neurotoxicity remains obscure, several studies point to the glutathione (GSH) antioxidant system as an important molecular target for this toxicant. To extend our recent findings of MeHg-induced GSH dyshomeostasis, the present study was designed to assess the developmental profile of the GSH antioxidant system in the mouse brain during the early postnatal period after in utero exposure to MeHg. Pregnant mice were exposed to different doses of MeHg (1, 3 and 10 mg/l, diluted in drinking water, ad libitum) during the gestational period. After delivery, pups were killed at different time points - postnatal days (PND) 1, 11 and 21 - and the whole brain was used for determining biochemical parameters related to the antioxidant GSH system, as well as mercury content and the levels of F(2)-isoprostane. In control animals, cerebral GSH levels significantly increased over time during the early postnatal period; gestational exposure to MeHg caused a dose-dependent inhibition of this developmental event. Cerebral glutathione peroxidase (GPx) and glutathione reductase (GR) activities significantly increased over time during the early postnatal period in control animals; gestational MeHg exposure induced a dose-dependent inhibitory effect on both developmental phenomena. These adverse effects of prenatal MeHg exposure were corroborated by marked increases in cerebral F(2)-isoprostanes levels at all time points. Significant negative correlations were found between F(2)-isoprostanes and GSH, as well as between F(2)-isoprostanes and GPx activity, suggesting that MeHg-induced disruption of the GSH system maturation is related to MeHg-induced increased lipid peroxidation in the pup brain. In utero MeHg exposure also caused a dose-dependent increase in the cerebral levels of mercury at birth. Even though the cerebral mercury concentration decreased to nearly basal levels at postnatal day 21, GSH levels, GPx and GR activities remained decreased in MeHg-exposed mice, indicating that prenatal exposure to MeHg affects the cerebral GSH antioxidant systems by inducing biochemical alterations that endure even when mercury tissue levels decrease and become indistinguishable from those noted in pups born to control dams. This study is the first to show that prenatal exposure to MeHg disrupts the postnatal development of the glutathione antioxidant system in the mouse brain, pointing to an additional molecular mechanism by which MeHg induces pro-oxidative damage in the developing CNS. Moreover, our experimental observation corroborates previous reports on the permanent functional deficits observed after prenatal MeHg exposure.

**Blood Levels of Mercury Are Related to Diagnosis of Autism: A Reanalysis of an Important Data Set**

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The question of what is leading to the apparent increase in autism is of great importance. Like the link between aspirin and heart attack, even a small effect can have major health implications. If there is any link between autism and mercury, it is absolutely crucial that the first reports of the question are not falsely stating that no link occurs. We have reanalyzed the data set originally reported by Ip et al. in 2004 and have found that the original p value was in error and that a significant relation does exist between the blood levels of mercury and diagnosis of an autism spectrum disorder. Moreover, the hair
sample analysis results offer some support for the idea that persons with autism may be less efficient and more variable at eliminating mercury from the blood.

A significant relationship does exist between the blood levels of mercury and diagnosis of an autism spectrum disorder.

**How environmental and genetic factors combine to cause autism: A redox/methylation hypothesis**

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Recently higher rates of autism diagnosis suggest involvement of environmental factors in causing this developmental disorder, in concert with genetic risk factors. Autistic children exhibit evidence of oxidative stress and impaired methylation, which may reflect effects of toxic exposure on sulfur metabolism. We review the metabolic relationship between oxidative stress and methylation, with particular emphasis on adaptive responses that limit activity of cobalamin and folate-dependent methionine synthase. Methionine synthase activity is required for dopamine-stimulated phospholipid methylation, a unique membrane-delimited signaling process mediated by the D4 dopamine receptor that promotes neuronal synchronization and attention, and synchrony is impaired in autism. Genetic polymorphisms adversely affecting sulfur metabolism, methylation, detoxification, dopamine signaling and the formation of neuronal networks occur more frequently in autistic subjects. On the basis of these observations, a "redox/methylation hypothesis of autism" is described, in which oxidative stress, initiated by environmental factors in genetically vulnerable individuals, leads to impaired methylation and neurological deficits secondary to reductions in the capacity for synchronizing neural networks.

**Proximity to point sources of environmental mercury release as a predictor of autism prevalence.**

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The objective of this study was to determine if proximity to sources of mercury pollution in 1998 were related to autism prevalence in 2002. Autism count data from the Texas Educational Agency and environmental mercury release data from the Environmental Protection Agency were used. We found that for every 1000 pounds of industrial release, there was a corresponding 2.6% increase in autism rates (p<.05) and a 3.7% increase associated with power plant emissions(P<.05). Distances to these sources were independent predictors after adjustment for relevant covariates. For every 10 miles from industrial or power plant sources, there was an associated decreased autism Incident Risk of 2.0% and 1.4%, respectively (p<.05). While design limitations preclude interpretation...
of individual risk, further investigations of environmental risks to child development issues are warranted.

EVIDENCE OF OXIDATIVE STRESS IN AUTISM DERIVED FROM ANIMAL MODELS
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Abstract: Autism is a pervasive neurodevelopmental disorder that leads to deficits in social interaction, communication and restricted, repetitive motor movements. Autism is a highly heritable disorder, however, there is mounting evidence to suggest that toxicant-induced oxidative stress may play a role. The focus of this article will be to review our animal model of autism and discuss our evidence that oxidative stress may be a common underlying mechanism of neurodevelopmental damage. We have shown that mice exposed to either methylmercury (MeHg) or valproic acid (VPA) in early postnatal life display aberrant social, cognitive and motor behavior. Interestingly, early exposure to both compounds has been clinically implicated in the development of autism. We recently found that Trolox, a water-soluble vitamin E derivative, is capable of attenuating a number of neurobehavioral alterations observed in mice postnatally exposed to MeHg. In addition, a number of other investigators have shown that oxidative stress plays a role in neural injury following MeHg exposure both *in vitro* and *in vivo*. New data presented here will show that VPA-induced neurobehavioral deficits are attenuated by vitamin E as well and that the level of glial fibrillary acidic protein (GFAP), a marker of astrocytic neural injury, is altered following VPA exposure. Collectively, these data indicate that vitamin E and its derivative are capable of protecting against neurobehavioral deficits induced by both MeHg and VPA. This antioxidant protection suggests that oxidative stress may be a common mechanism of injury leading to aberrant behavior in both our animal model as well as in the human disease state.

A PROSPECTIVE STUDY OF TRANSSULFURATION BIOMARKERS IN AUTISTIC DISORDERS
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The goal of this study was to evaluate transsulfuration metabolites in participants diagnosed with autism spectrum disorders (ASDs). Transsulfuration metabolites, including: plasma reduced glutathione (GSH), plasma oxidized glutathione (GSSG), plasma cysteine, plasma taurine, plasma sulfate, and plasma free sulfate among participants diagnosed with ASDs (n = 38) in comparison to age-matched neurotypical controls were prospectively evaluated. Testing was conducted using Vitamin Diagnostics, Inc. (CLIA-approved). Participants diagnosed with ASDs had significantly (P < 0.001) decreased plasma reduced GSH, plasma cysteine, plasma taurine, plasma sulfate, and plasma free sulfate relative to controls. By contrast, participants diagnosed with ASDs had significantly (P < 0.001) increased plasma GSSG relative to controls. The present observations are compatible with increased oxidative stress and a decreased
detoxification capacity, particularly of mercury, in patients diagnosed with ASDs. Patients diagnosed with ASDs should be routinely tested to evaluate transsulfuration metabolites, and potential treatment protocols should be evaluated to potentially correct the transsulfuration abnormalities observed.

**Biomarkers of Environmental Toxicity and Susceptibility in Autism**


Institute of Chronic Illnesses, Inc., Silver Spring, MD; CoMed, Inc., Silver Spring, MD.

Autism spectrum disorders (ASDs) may result from a combination of genetic/biochemical susceptibilities in the form of a reduced ability to excrete mercury and/or increased environmental exposure at key developmental times. Urinary porphyrins and transsulfuration metabolites in participants diagnosed with an ASD were examined. A prospective, blinded study was undertaken to evaluate a cohort of 28 participants with an ASD diagnosis for Childhood Autism Rating Scale (CARS) scores, urinary porphyrins, and transsulfuration metabolites. Testing was conducted using Vitamin Diagnostics, Inc. (CLIA-approved) and Laboratoire Philippe Auguste (ISO-approved). Participants with severe ASDs had significantly increased mercury intoxication-associated urinary porphyrins (pentacarboxyporphyrin, precoproporphyrin, and coproporphyrin) in comparison to participants with mild ASDs, whereas other urinary porphyrins were similar in both groups. Significantly decreased plasma levels of reduced glutathione (GSH), cysteine, and sulfate were observed among study participants relative to controls. In contrast, study participants had significantly increased plasma oxidized glutathione (GSSG) relative to controls. Mercury intoxication-associated urinary porphyrins were significantly correlated with increasing CARS scores and GSSG levels, whereas other urinary porphyrins did not show these relationships. The urinary porphyrin and CARS score correlations observed among study participants suggest that mercury intoxication is significantly associated with autistic symptoms. The transsulfuration abnormalities observed among study participants indicate that mercury intoxication was associated with increased oxidative stress and decreased detoxification capacity.

**An Investigation of Porphyrinuria in Australian Children with Autism.**


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Two recent studies, from France (Nataf et al., 2006) and the United States (Geier & Geier, 2007), identified atypical urinary porphyrin profiles in children with an autism spectrum disorder (ASD). These profiles serve as an indirect measure of environmental toxicity generally, and mercury (Hg) toxicity specifically, with the latter being a variable proposed as a causal mechanism of ASD (Bernard et al., 2001; Mutter et al., 2005). To examine whether this phenomenon occurred in a sample of Australian children with ASD, an analysis of urinary porphyrin profiles was conducted. A consistent trend in abnormal porphyrin levels was evidenced when data was compared with those previously reported...
in the literature. The results are suggestive of environmental toxic exposure impairing heme synthesis. Three independent studies from three continents have now demonstrated that porphyrinuria is concomitant with ASD, and that Hg may be a likely xenobiotic to produce porphyrin profiles of this nature.

**FEEDING MICE WITH DIETS CONTAINING MERCURY-CONTAMINATED FISH FLESH FROM FRENCH GUIANA: A MODEL FOR THE MERCURIAL INTOXICATION OF THE WAYANA AMERINDIANS**

Jean-Paul Bourdineaud, Nadege Bellance, Giovani Benard, Daniel Brethes, Masatake Fujimura, Patrice Gonzalez, Aline Marighetto, Regine Maury-Brachet, Cecile Mormede, Vanessa Pedron, Jean-Nicolas Philippin, Rodrigue Rossignol, William Rostene, Masum


In 2005, 84% of Wayana Amerindians living in the upper marshes of the Maroni River in French Guiana presented a hair mercury concentration exceeding the limit set up by the World Health Organization (10 ug/g). To determine whether this mercurial contamination was harmful, mice have been fed diets prepared by incorporation of mercury-polluted fish from French Guiana.

Methods: Four diets containing 0, 0.1, 1, and 7.5% fish flesh, representing 0, 5, 62, and 520 ng methylmercury per g, respectively, were given to four groups of mice for a month. The lowest fish regimen led to a mercurial contamination pressure of 1 ng mercury per day per g of body weight, which is precisely that affecting the Wayana Amerindians.

Results: The expression of several genes was modified with mercury intoxication in liver, kidneys, and hippocampus, even at the lowest tested fish regimen. A net genetic response could be observed for mercury concentrations accumulated within tissues as weak as 0.15 ppm in the liver, 1.4 ppm in the kidneys, and 0.4 ppm in the hippocampus.

This last value is in the range of the mercury concentrations found in the brains of chronically exposed patients in the Minamata region or in brains from heavy fish consumers. Mitochondrial respiratory rates showed a 35-40% decrease in respiration for the three contaminated mice groups.

In the muscles of mice fed the lightest fish-containing diet, cytochrome c oxidase activity was decreased to 45% of that of the control muscles. When mice behavior was assessed in a cross maze, those fed the lowest and mid-level fish-containing diets developed higher anxiety state behaviors compared to mice fed with control diet.

Conclusions: We conclude that a vegetarian diet containing as little as 0.1% of mercury-contaminated fish is able to trigger in mice, after only one month of exposure, disorders presenting all the hallmarks of mercurial contamination.