Increased susceptibility to adverse effects from vaccinations

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re: IOM Immunization Safety Review: Vaccines and Autism
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I am a co-author of the paper which hypothesized a link between autism and physician-and nurse-injected thimerosal (1) and have perused (a) findings published by AJ Wakefield and colleagues (eg, 2-3) and (b) autistic children’s lab-data and case histories sent me by physicians and by parents of autistic children.

That vaccinations can cause adverse reactions and neurologic damage is not disputed. Related issues include (a) Has vaccinal thimerosal caused neurologic injury?, (b) Have vaccinal injections of live viruses caused neurologic injury and/or intestinal pathology?, and (c) Why are only some children injured by vaccinations?

This paper is written for the IOM hearing “Vaccines and Autism” and focuses upon increased susceptibility in regard to Why are only some children injured by vaccinations?

This letter is not intended to be thorough but instead offers a rationale based upon medical literature and events common among autistic case histories. Glutathione (GSH) is offered as an example of how physiological processes that lower GSH or impair its functioning induce increased susceptibility for developing adverse reactions to injected thimerosal and to injected live viruses.

1. GSH is a crucial participant in immunity (eg, 4-6) and detoxification (eg, 7-9). Thus, if GSH is low and/or inefficiently processed, immunity and detoxification will be impaired and vaccine ingredients more likely to be lastingly harmful.

2. Prolonged colic appears in the medical histories of many children later diagnosed as autistic. In many such infants, prolonged colic may correspond to an amino acid deficiency (eg, 10-11) and to an allergic reaction to milk proteins, even in breast fed infants (eg, 12-16). These data suggest that colic and prolonged colic are markers for infants with suboptimal amino acid portraits and thus, at least via GSH-related pathways, with increased susceptibility to adverse reactions from vaccinations containing thimerosal or live-viruses.
3. Excessively recurrent otitis is found in many medical histories of autistic children. A recent finding that exogenous GSH alleviated a majority of cases of otitis (17) suggests that, for any among various reasons, many children with excessively recurrent otitis had suboptimal levels of GSH.

4. Chronic diarrhea of infancy, viral illnesses, and intestinal pathologies are among the additional ways whereby an infant or toddler would have low GSH (18-24) and thus would have increased susceptibility for adverse sequelae from injected thimerosal and from injected live viruses.

5. Increased susceptibility can be acquired and/or genetic. Thimerosal studies illustrate this principle. Thimerosal impairs an important glutathione pathway and damages lymphocytes (25-26), and a person with a null allele of a GSH-related gene has increased sensitivity to thimerosal (27). Similarly, measles virus (MV) is likelier to have adverse effects in the presence of impaired nutritional status (eg, 28), and vaccine strains of MV impair immunity (eg, 29-32).

6. A variety of findings suggest that vaccinal thimerosal and vaccinal MV are capable of inducing neurologic and autoimmune pathologies. For instance, thimerosal damages neurons (33); and ethylmercury is more effective than methylmercury in regard to inducing autoimmune processes (34). Autoantibodies against MV and against various brain and blood-brain barrier proteins are abnormal in many autistic children (eg, 35-40).

7. In 2002, Pichichero et al (41) described ethylmercury levels in infants who had been deliberately injected with thimerosal. More recently, RC Deth and colleagues have found that even below the ethylmercury levels reported by Pichichero et al, a developmentally crucial enzyme (methionine synthase) is inhibited (42).

"Our studies... provide evidence that ethanol, heavy metals and the vaccine preservative thimerosal potently interfere with [methionine synthase] activation and impair folate-dependent methylation. Since each of these agents has been linked to developmental disorders, our findings suggest that impaired methylation, particularly impaired DNA methylation in response to growth factors, may be an important molecular mechanism leading to developmental disorders."

8. Aside from the physiological effects of injecting live viruses and thimerosal, medical policies merit concern. When Bernard et al (1) and several colleagues met with the FDA’s CBER, I addressed increased susceptibility and mentioned that vaccinating sick children is a causal factor in the increase of adverse reactions to vaccinations. That day, William Egan, M.D., then acting director of the CBER, made clear that not vaccinating sick kids had been the official policy but that so as to increase rates of vaccination, the policy had been reversed: vaccinating sick children would be encouraged. That policy change led many and perhaps most pediatricians to vaccinate sick children and, in effect, became a way to ensure that children with highly increased susceptibility would be injected with ethylmercury and/or injected with live viruses.
Multiple vaccinations in one day can be risky for children with increased susceptibility (eg, a sick child or a child with a predisposing allele). As previously cited herein, thimerosal and vaccine-strains of MV impair immunity. Injecting both thimerosal and vaccinal MV on the same day increases the likelihood that at least some children will be adversely effected. For a specific case history, ask Congressman Dan Burton.

Conclusion: Using GSH as an example, this letter calls attention to physiological mechanisms whereby infants and toddlers can have increased susceptibility to developing adverse sequelae from vaccinations. As cited, increased susceptibility can be acquired and/or it can be genetic. Furthermore, the decision to vaccinate sick children has increased the likelihood that at least some children had extremely increased susceptibility at the time they were injected with thimerosal and/or with live viruses whose attenuation was less relevant due to the child’s impaired immunity. Furthermore, two factors common in autistic medical histories (prolonged colic, excessively recurrent otitis media) not only illustrated a role for impaired nutritional status and thus impaired immunity and impaired detoxification but also suggest that physicians and policy makers contemplate the folly of vaccinating sick children.

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References:


“Conclusion: Serum vitamin A levels are reduced following vaccination with monovalent and combined live attenuated measles vaccines.”


“...measles immunization resulted in suppression of lymphoproliferation, which was most evident in infants with the highest antibody responses and most immune activation.”


“The autoimmune syndrome induced by thimerosal is different from the weaker and more restricted autoimmune reaction observed after treatment with an equipotent dose of methylmercury.”


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