Warning on Thimerosal Will Be Played Down By National Vaccine Program Office of the CDC on Friday

News/Current Events News

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NOTE: I came into the possession of the second draft of a response being prepared by the Inter-Agency Group [IAG] of the National Vaccine Program of the Centers For Disease Control for release sometime late Friday afternoon.

The CDC, like all other bureaus of government recognizes that when you need to release negative information, release it on Friday since most Americans ignore the news on the weekends. The concern of the IAG staffer who turned this document over to me was that the CDC was engaging in a coverup that was deliberately attempting to play down the danger of the chemical THIMEROSAL, an organomecurial preservative used to stabilize many of the vaccines, immoglobins and some food products simply because the government cannot afford to dispose of its entire inventory of vaccines containing this substance. REPORT FOLLOWS.

The European Agency for the Evaluation of Medicinal Products issued a white paper on June 29, 1999 announcing the conclusions of a study initiated by the EAEMP in conjunction with European Pharmaeopocia, the World Health Organization and "relevant" drug manufacturers in Europe. The Food & Drug Administration [FDA] was represented at this meeting by Dr. Norman Baylor.

The purpose of this meeting, which was held on April 19, 1999 was to discuss the ramifications of the findings of CPMP Working Document CPMP2286/98. This meeting was followed by yet another meeting on May 17, 1999. The meeting was chaired by the CPMP's Multidisciplinary Group.

The sole objective on its agenda that day was to discuss a plan of action to be followed with respect to the drug Thimerosal, which has been found to create cumulative levels of toxicity in those who ingest it through vaccination.

Thimerosal is an organomercurial preservative that is used to stabilize, or preserve the "shelf life" of most vaccines, immunoglobins, and many other medical products. The awareness that a problem existed with Thimerosal first arose in 1990 when the World Health Organization [WHO] began to notice cases of allergic reactions to Thiomerosal due to the presence of methylmercury in the bloodstreams of those who were inoculated with vaccines containing Thimerosal.

(Thimerosal metabolizes as methylmercury, a toxic substance.) If you remember the "mercury-poisoning" scare a few years ago when Americans were warned not to eat fish netted in certain areas, you will understand the concern discussed at this time by the IAG. Mercury is a highly toxic element which, once ingested, is not expelled from the body.

It will continue to build with each additional ingestion until it reaches a damaging level in the body. The concern expressed by WHO in 1990 with respect to methylmercury or ethylmercury, the metabolized form of Thimerosal, was that there existed no international recommendations on the maximum allowable intake of this chemical in infants and small children.

Because standards did not exist, WHO was concerned that the accumulated affect of more than 200 Hg of methylmercury in the system of a fetus or infant could cause moderate to severe brain damage that would result in a rise in learning impaired children.

In the rebuttal being prepared at this moment by the IAG for the National Vaccine Program Office of the CDC, the planned statement (as of 4:00 p.m. on June 30) was: "The WHO, EPA, ATSDR, and FDA created safety exposure guidelines for Hg based on studies of infants born to women who chronically ingested high concentrations of methylmercury.

These safety guidelines include safety factors of 3 to 10 fold." To support this statement, they will declare that: "Since 1997, the FDA, as mandated by FDAMA, has prepared and analyzed lists of Hg containing drugs and foods.

In addition, the European Agency for the Evaluation of Medicinal Products formed a working group on Thimerosal and, with input from the FDA, recommended that for [the] vaccination of infants and toddlers, the use of vaccines without Thimerosal and other mercurial containing preservatives should be encouraged; however, in order not to jeopardize vaccine supplies and immunization programs, it is advisable to introduce requirements for the elimination of organomercurial preservatives in vaccines on a gradual basis."

The "lord" giveth and the "lord" taketh away. In other words, on one hand the report suggests that from the 1990 WHO warning that studies were conducted to determine the "safety levels" of Thimerosal and the IAG is assuring the public that the health care officials and physicians who are administering vaccines containing organomercurial preservatives are conscious of the potential toxicity to infants and toddlers if an accumulated range in excess of 200 Hg is reached, and would no longer vaccinate children, or prescribe other medical products containing methylmercurial preservatives.

To that I say, HOGWASH! Second the IAG recognizes that since too many of its stores of vaccines contain methylmercurial preservatives that it cannot afford to dispose of them since, as they state in the draft report, to do so would jeopardize their national vaccination programs.

In other words, the IAG and the National Vaccine Program would rather play with words in order to minimize the danger to both mothers and infant and toddler children, and in some cases, the unborn fetus, because it will prove to be either too expensive or too inconvenient to dispose of their stockpile of mercurial based vaccines because, in their collective brainstorming on June 30, the risk of permanent neurological damage to those ingesting Thimerosal is, in their "public relations opinion," minimal.

In their world alert on June 29, the EAEMP identified what they termed "...the well-recognized problem with Thimerosal," and detailed the potential risks of the preservative. Those risks include, but are not inclusive of nephrotoxicity, nerve damage, and hypersensitivity to the vaccines themselves, causing allergic reactions.

The concern of this writer is, at the moment, what the CDC did with that report when they received it from the EAEMP, and how the IAG--including the same Dr. Norman Baylor who attended the April 19 meeting--responded to the report when they received it from Robert Breiman of the National Vaccine Program Office at 1:36 p.m. on June 29.

The normal sluggish wheels of the federal government of the United States speedily chugged into action--not to issue a national alert of their own advising physicians and health care workers to immediately suspend inoculations containing Thimerosal until the vaccine supplies containing methylmercury preservatives could be replaced with vaccines utilizing a safer preservative, or even to address the potential problems Thimerosal posed on those whose accumulated ingestion of the drug had exceeded 200 Hg.

Instead, the wheels of government churned out the first of two drafts of "talking points" on how to address the EAEMP white paper when the news hit the media...talking points to minimize the potential outrage from the American people who would suddenly realize that the reason Junior is learning impaired might well be because of the inoculations Junior received at the local public health office over the years.

The copy of the "talking points" I received from the concerned NVP/IAG staffer is draft #2, and was written shortly before 4:00 on June 30...the second of what was expected to be 3 drafts before the spinmeisters in the IAG would feel comfortable that the wording would properly deflect the scare found in the EAEMP white paper.

It appears that the concern of the IAG was, first and foremost, to protect the immunization program, not protect those being inoculated. Contained in the EAEMP report to the CDC was a section entitled "Potential Risks With Thimerosal." It reads as follows: TOXICITY The toxicity profile of ethylmercury would appear to be similar to that of methylmercury.

Therefore data on methylmercury have been used in the assessment of risks associated with ethylmercury...At present there is no international recommendation for the maximum intake in infants.

NEUROTOXITY Data from cases of methylmercury poisoning show that neural tissue is the target organ of toxicity and the central nervous system is critically sensitive to methylmercury. There are no known reports of neurotoxicity with thimerosal, but based on experience with methylmercury, a potential risk cannot be excluded.

NEPHROTOXICITY A further more theoretical risk exists with thimerosal such as immune complex glomerulonephritis. Mercury has been implicated in auto- immune processes, but the mechanism by which it does this is unknown. There are no known reports of such reactions with thimerosal and the clinical relevance of this finding is unknown.

The report continues with the statement that "...Preservatives other than organomercurials have been and are currently being used for the preservation of biological products including vaccines...While those preservatives are apparently considered as suitable alternatives to organomercurials, their preservative activity and safety should be carefully considered prior to the replacement of organomercurials."

What is happening here is the typical Washington shuffle. While the IAG apparently believes that there is an imperative need to eliminate Thimerosal-based vaccines, we can expect some major foot-dragging on their part to actually do it since, as they state repeatedly in draft #2 of their public statement, they do not want to jeopardize the current confidence level in the immunization program and cause American citizens not to have their children immunized since, in their opinion, the risk of neurological or nephrological problems are "minimal."

Compounding their dilemma yesterday was the American Academy of Pediatrics on Infectious Diseases that is threatening to issue its own policy statement that will contain the following recommendations:

[1] that physicians and health care providers use only Thimerosal-free vaccines for children

[2] that physicians and health care providers eliminate all recommendations for routine Hepatitis B vaccinations at birth until non-Hg containing vaccines are available

[3] that doctors and health care providers stop immunizing pregnant women or high risk children with influenza vaccines until non-Hg containing vaccines are available

The "talking points" that will be issued by the IAG (for HHS spokespeople to use when talking to the media) will contain, or at least did contain, in Draft #2, the following points:

a] "For the first 6 months of this year vaccine manufacturers licensed to sell vaccines have been complying with a 12.98 request from the FDA to provide information about Thimerosal (ethylmercury) content of the vaccines they produce." This is well and good...if the public understood the toxicity hazards of Thimerosal...which they did not.

b] "Upon review, the FDA has determined that some children, depending on which vaccines they received, could be exposed to cumulative levels of ethylmercury that exceed the limits considered acceptable by some regulatory and health agencies for a similar compound, methylmercury." First, there have been no safe limits established for children. In fact, most medical experts insist that children should not ever be given any Thimerosal-based vaccines. Second, the statement appears to say that there is a difference in the toxicity levels of ethylmercury and methylmercury when there is not.

c] "There is a safety margin built into the acceptable mercury exposure limits. However, while there is no evidence of harm caused by this level of exposure, to mitigate theoretical concerns, Thimerosal-containing vaccines should be replaced by vaccines containing other non-mercury preservatives as these become available." Hmm...no alarm here. Again, the safety level for children has not been established, and according to the experts in WHO and other medical research organizations that have been studying Thimerosal, infants, toddlers, high-risk children and pregnant women should not be taking any organomercurial-based vaccines, the most common of which are influenza shots and Hepatitis B shots that are now mandated for all newborns. It is absolutely pathetic that the CDC and the Public Health Service would put women and children at risk in order to protect the continuity of their immunization program since most of the vaccines they are using are mercury-based.

The talking points of Draft #2 will close with this statement that, unless changed due to the publication of this report or some more innocuous politically correct phraseology penned by the IAG: "At this time, there is no evidence that children who receive thimerosal-containing vaccine have been harmed.

Based on the data available to date, there is no indication for routine testing of children for mercury concentrations or treatment with chelating agents. While these actions proceed, continued immunization with licensed vaccines is critical to prevent outbreaks of vaccine preventable diseases."

Since the children who will be receiving the Thimerosal-based vaccines are not their children, the risks are acceptable to them. The question is: are the risks acceptable to you?

Is the possibility that ethylmercury or methylmercury toxicity can damage the nervous system of your babies or grandbabies remote enough that there is no reason for you to be concerned because the public relations talking points of the IAG minimize the risk to permanent learning disabilities in these children or unborn babies?

The choice is yours even though the CDC seems to think the choice is theirs.