The Battle Of The States: What Happened In Illinois?

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Before a law banning thimerosal from vaccines was enacted, the Illinois Department of Public Health and a few high-ranking pediatricians within the Illinois chapter of the American Academy of Pediatrics had planned an exemption.

An upper echelon CDC employee was enlisted as a liaison between IDPH and industry.
What really happened in Illinois?

The Scandinavian countries have banned the use of thimerosal in vaccines for years. As of 2004, all pediatric vaccines used in the United Kingdom have not contained the mercury preservative.

In 1999, The U.S. Public Health Service (PHS) and the American Academy of Pediatrics (AAP) recommended the removal of thimerosal from pediatric vaccines destined for the American market. It was evident that when they lowered the boom, a preservative-free hepatitis B vaccine was made available in record time.

Unfortunately, to the surprise and distress of many, there is presently a strong movement against the banning of thimerosal from all vaccines. Seven years after thimerosal became a matter of public controversy in the United States, the actions of certain organizations seem to be aimed not at expediting the removal of mercury from vaccines, but at sustaining its presence there indefinitely. One must ask why this should be, and what the real motives are.

In the past three years, many concerned citizen groups have attempted to convince their state legislators to outlaw *at the state level* the use of thimerosal in all vaccines or at least in those aimed at

infants, young children and pregnant women. Many of the people involved have not been touched by autism; nor do they have a personal axe to grind. They simply do not want a mercury product injected into their children's bodies regardless of its amount. Others did not want their pregnant wives, who were advised to forego tuna fish wraps, to receive mercury by injection. These individuals simply do not believe the Centers for Disease Control and Prevention (CDC), the AAP or anyone else who has tried to tell them that a little injected thimerosal is safe.

Currently, the states with bans on thimerosal in vaccines are, in alphabetical order: California, Delaware, Illinois, Iowa, Missouri, New York and Washington.

Recently, a valiant Massachusetts group attempted to convince a joint committee of both Houses to consider a gradual ban of thimerosal-containing vaccines. Speaking in favor of the legislation was a university professor researching thimerosal, a recognized expert on the incidence of autism and thimerosal epidemiological research, the president of the Massachusetts chapter of the Autism Society of America and co-author of this article, David Ayoub, MD. The other co-author (F. Edward Yazbak, MD) wrote a letter of support. Presenting in opposition was the immediate past president of the Massachusetts chapter of the AAP. The matter remains under discussion.

In Rhode Island, concerned citizens are optimistic that legislation outlawing mercury in vaccines will pass. On July 28, 2005, Rhode Island Director of Health, David R. Gifford, MD, MPH, proudly stated: "Rhode Island has consistently been among the top five states in the nation for childhood immunization rates, and our rates have continued to rise in recent years."

We trust that the director will endorse the legislation. He would not only be protecting the children of the state, but also guaranteeing the continued success of the state's vaccination programs.

On Feb. 20, 2006, representatives of several medical and pro-vaccine groups wrote a letter to the Maryland Senate's Education, Health, and Environmental Affairs Committee and the Maryland House Health and Governmental Operations Committee. It started: "We, the undersigned organizations, respectfully express our opposition to SB 365 and HB 394 that would restrict the use of vaccines containing thimerosal, a mercury-based preservative**."** (1)

The letter went on: "If enacted, we believe SB 365 and HB 394 have the potential to do the following:

1. Perpetuate false and misleading information that vaccines are not safe …
2. Potentially result in on-going vaccine shortages …
3. Limit the nation's ability to quickly administer influenza vaccine in the U.S. when a pandemic strikes …
4. Lead to increased costs for vaccines …
5. Add more complexity to our present vaccine delivery system …
6. Profoundly affect global immunization programs …

Vaccine manufacturers have revised their manufacturing processes to allow production of most vaccines in either a reduced thimerosal or thimerosal-free formulation. This was done as a precaution to address theoretical concerns noted in the USPHS/AAP joint request of July, 1999 and *not* because any evidence suggested that thimerosal was harmful."

There seems to be no need to comment on the above statements. On the other hand, what merits mentioning is the fact that Neal Halsey, MD, who spearheaded the precautionary movement to remove thimerosal from pediatric vaccines in 1999, and who is a professor of international health and Director of the Institute for Vaccine Safety at the Johns Hopkins Bloomberg School of Public Health, Baltimore, did not sign that strange letter to the Maryland legislature.

"The purpose of the Institute for Vaccine Safety is to obtain and disseminate objective information on the safety of recommended immunizations. The Institute:

- provides a forum for dissemination of data regarding specific issues concerning the safety of immunizations,
- investigates safety questions where insufficient data are available to provide definitive conclusions,
- conducts methodological and empirical research on post-licensure vaccine safety evaluation, and
- undertakes individual research projects to obtain specific information regarding vaccine safety when existing information about the safety of a specific vaccine is insufficient or flawed." (2)

It is *unlikely* that Halsey, a luminary in the field of vaccination in the state, the nation and the world, was not asked to co-sign the letter to the legislative committees of his own state. It is *likely* that the members of both committees realized that.

Under the circumstances, defeat of Senate Bill 365 and House Bill 394 would certainly appear odd.

* * * *

As far as the American Academy of Pediatrics is concerned, the gravest issue at this time has been and remains the *potential* unavailability of enough thimerosal-free influenza vaccine for infants and younger children.

Almost two years ago, the CDC's Advisory Committee on Immunization Practices (ACIP) decided that children 6- to 23-months of age should be vaccinated yearly against influenza. The initial vaccination consisted of two doses, 0.25 ml each, a month apart. Only one yearly dose was required after that. The rationale cited was that unvaccinated infants had a *"substantially increased risk for influenza-related hospitalizations."* (3)

In "Influenza Vaccination of Infants: A Useless Risk" published in Red Flags (4), Yazbak listed the many reasons he did not believe there was any need to vaccinate healthy infants and children every year against the flu. He also quoted a recent comprehensive review of influenza vaccination of children under two years of age by Jefferson et al in *The Lancet*.

The authors of the review could not find, after an exhaustive examination of the world literature, any evidence that said vaccination was effective or that it reduced symptomatic cases. They also reported that the efficacy of the vaccine, in other words, the reduction of laboratory-confirmed cases, was similar to that of placebo. (5)

While many pediatricians are not convinced that healthy infants need influenza vaccination, the American Academy of Pediatrics has wholeheartedly endorsed the ACIP/CDC recommendation. Unfortunately, the academy did not tell the vaccine manufacturers to produce all the required quantities of mercury-free vaccine. Instead, it publicized a rather odd recommendation that influenza vaccination of normal infants should not be delayed or omitted just because

thimerosal-free vaccines are not available. This strange position by an organization that had a resounding success in literally "creating" preservative-free hepatitis B vaccine in record time in 1999 is puzzling and confusing. In general, confused parents refuse vaccinations, particularly now that mercury is such a hot topic.

* * * *

In the past two years, the AAP delegated all attempts to block state legislation banning thimerosal in vaccines to its state chapters. The Illinois chapter (ICAAP) is well organized and quite powerful. It has also enjoyed a very good rapport with the Illinois Department of Public Health.

What happened in Illinois is reported here.

Because one of us (Ayoub) played an important role, it should be made clear that he did not have any financial or personal conflict of interest and that he is not part of any thimerosal or autism litigation.

Here are the incredible events as reconstructed through a historical review and with the help of documents obtained from the Illinois Department of Public Health through the Freedom of Information Act.

May 29, 2005
HB 511, the mercury-free vaccine act easily passes in the Illinois House (56-0) and Senate (135-1). Weeks earlier, representatives from the ICAAP, the IDPH and GlaxoSmithKline had met with Senator Don Harmon, the bill's co-sponsor, and other proponents. Raising the maximum allowable mercury level in flu vaccines from 1.0 to 1.25 micrograms per dose allowed GlaxoSmithKline to compete in the Illinois market. The ICAAP and IDPH representatives were openly concerned about potential influenza vaccine shortages; however, review of the relatively straightforward figures of vaccine availability and projected demand appeared to ease everyone's fears and, when the informal session ended, it seemed as if all parties had agreed to the bill's terms.

After the bill was passed, some parties seemed to have second thoughts.

Wed., June 29, 2005
The Committee of Infectious Disease of the ICAAP meets. According to posted minutes of the meeting, three physician-members out of 12

were physically present. Two others participated by phone. (6)

A staff member provided a brief overview to the attendees. "This bill moved quickly through the House despite ICAAP opposition. When the bill was in the Senate, ICAAP realized the bill was going to pass in some form and worked with the bill's proponents to mitigate the negative effects of this bill as much as possible…. ICAAP was also able to ensure that an exemption clause was included in the bill, which would allow the IDPH to bypass this law if an emergency arises, such as an outbreak or shortage of vaccine supply. If this law would prove prohibitively costly to IDPH, this could also be considered an emergency which could warrant an exemption."

By phone, Karen McMahon, Chief, IDPH Immunization Section, added that "the IDPH will need to develop and issue an exemption almost immediately after this bill is signed in preparation for the upcoming influenza season."

The record did not include any mention of efforts to investigate the cost and availability of mercury-free influenza vaccine.

One of the committee co-chairs was the co-author of"What Happened to Primum Non Nocere?" in 2001. (See Thimerosal: One Huge Mistake)

Monday, Aug. 29, 2005
Illinois Governor Rod Blagojevich signs HB 511 into law.

Between that date and the implementation date of Jan. 1, 2006, there is no available concrete evidence that the IDPH or the ICAAP officially notified any Illinois' vaccine providers, including medical practitioners, clinics, pharmacies, and hospitals, of the new law.

When asked by Ayoub, as president of the Prairie Collaborative, Karen McMahon stated that the IDPH *was not required to notify physicians* and, therefore, took no specific measures. A statement on the IDPH web site says that *"the Department's nearly 200 programs touch virtually every age, aspect and cycle of life."* Informing the health professionals (and the citizenry at large) of the most important change in vaccines since the 1930s clearly appears to fall within the ordinary obligations of the IDPH.

Friday, Oct. 14, 2005, 9:11 a.m.
McMahon realizes that she *must* document a shortage of thimerosal-

free flu vaccine in order to trigger the exemption. She is unable to find sufficient materials and she seeks the assistance of the CDC's Melinda Wharton, MD, MPH, Deputy Director, National Immunization Program (NIP) via email, stating *"any help you can give me will be appreciated."*

Friday, Oct. 14, 2005, 10 a.m.
Wharton writes to ask Phil Hosbach, vice-president of immunization policy and government affairs at sanofi-aventis for assistance. (Reproduced verbatim)

"Phil,

In order for Illinois to grant exemptions for use of thimerosal-containing vaccines, they need to provide documentation from the companies that produce or market the vaccines verifying the limited (or lack of) availability of thimerosal-free product. I understand the complexity of the issues regarding influenza vaccine but would appreciate any assistance sanofi can provide to help the State of Illinois make vaccines available to their citizens.

Thanks,

Melinda"

Normally health agencies or doctors looking to buy vaccines inquire from the manufacturer: "What is your stock and how much can we get?"

In this situation, Wharton is actually asking sanofi pasteur to "document" that there are limited quantities of thimerosal-free vaccine available or none at all.

Friday, Oct. 14, 2005, 12:15 p.m.
Hosbach responds. (Reproduced verbatim)

"I'll see if there is something we can do to provide information that might be of assistance.

Phil"

Hosbach has a huge problem. As vice-president of immunization policy and government affairs, he knows how important it is to please the deputy director of NIP. On the other hand, his job is to sell vaccines

and he knows that there is plenty of preservative-free flu vaccine still available *even after all the orders have been filled.*

He also is well aware that *there has never been a shortage of that specific vaccine.*

The IDPH should have known too because on Feb. 24, 2005, Michleen Collins reported in the *Illinois Times* that, according to sanofi-aventis spokesman Len Lavenda, the supply of preservative-free influenza vaccine was not an issue.

Said Lavenda: "This is the third year that we've produced the preservative-free formulation…. *We have never sold out even this year, or last year, when we had a shortage.* (7)

Tuesday, Nov. 8, 2005, 9:51 a.m.
Hosbach finally responds to Wharton and McMahon. (Reproduced Verbatim)

"Below is our statement. I hope this helps. We are not specifically reserving unpreserved influenza vaccine doses for any state, and we cannot target the vaccine for any one state. We will have a limited amount available and it must be distributed as equitably as possible.

Phil"

Hosbach takes three weeks to answer and is careful choosing his words. In the above *personal* note, that is not the company's official statement, he provides the IDPH with the excuse it needs. At the same time, if it ever came to be questioned, that same personal note can surely be interpreted as follows: "*We do not reserve from now any amount of vaccine for any state for next season. Each state has to pre-book its needs in the early spring as is customary every year. All states are treated equally and it is first-come, first-served. Obviously we do not have unlimited quantities, so it is best to pre-book early."*

We will later show conclusively how New Jersey and New Mexico pre-booked all the mercury-free vaccine they needed in the spring of 2006 and that there still was plenty left.

The second part of the Hosbach e-mail to Wharton, the "official statement by the company" is also reproduced verbatim.

"This influenza season, sanofi pasteur is planning to distribute

approximately 58 million doses of our influenza vaccine, Fluzone©, influenza virus vaccine. Of this total, approximately eight million doses will be No Preservative (containing no thimerosal) vaccine. Of the eight million, approximately six million would be in the pediatric dosage, .25 ml and approximately two million will be in the .5 ml presentation*. As of today, several hundred thousand doses of the 0.25-ml presentation are still available.* [Emphasis added] Next year, our plan is to produce approximately the same amount of the No Preservative Fluzone© vaccine as we produced this season.

"Our Td vaccine, DECAVAC (tm) Tetanus and Diphtheria Toxoids Adsorbed is in a single dose, prefilled syringe and is preservative-free containing only trace amounts of thimerosal from the manufacturing process. However, after January 1, 2008, Illinois law prohibits even trace quantities of Thimerosal, so it will be an issue at that time.

"Additionally, Japanese Encephalitis Vaccine (JEV) does contain thimerosal in quantities greater than trace amounts. Therefore, travelers in Illinois who require this vaccine may have to go out-of-state if they are to be protected according to Travelers recommendations."

Now sanofi pasteur is officially stating that it is stuck with "several hundred thousand doses of unpreserved vaccine" as of early November 2005 when everyone has or should have already purchased all the vaccine they need for the 2005-2006 flu season. Obviously with all this unused mercury-free vaccine on its hands, the company cannot logically be expected to plan to increase production of that formulation for the following flu season. By not encouraging doctors, clinics and health departments to buy and use preservative-free influenza vaccine in 2005 in fact, restricting the demand the CDC and its friends guaranteed that sanofi pasteur would not expand production for 2006; thus providing state health departments an excuse that no one can question: non-availability.

Dec. 28, 2005
IDPH Director Eric E. Whitaker, MD, MPH, informs Illinois' health professionals of the exemption of the mercury-free vaccine act:

"Dear Colleague,
As you are aware, PA 94-0614, Mercury-Free Vaccine Act, becomes effective on January 1, 2006. This Act requires vaccines to be mercury-free except for trace amounts, but provides in the statute a means for the Department to evaluate and assess the needs of Illinois

citizens to have access to vaccines. The Illinois Department of Public Health will file a statewide Declaration of Exemption on behalf of private and public health careproviders for the following vaccines affected by the Act: Influenza, Japanese Encephalitis, combined Tetanus-Diphtheria, and meningococcal vaccine."

The director goes on to repeat the *personal remark* contributed by Hosbach to Wharton and McMahon:"The manufacturer does not reserve unpreserved influenza vaccine doses for any state, and it cannot target the vaccine for any one state," but does not mention the more important official company statement that "several hundred thousand doses of the .25 ml presentation" were still available well into the 2005 season.

The announcement ends,"Therefore, the Illinois Department of Public Health has determined that insufficient amounts of preservative-free influenza vaccine are available to protect the health of Illinois residents, and will issue an exemption for the influenza vaccine."

The director's complete statement is available. (8)

The proclaimed 12-month-long exemption effectively mandates the continued use of mercury-containing influenza vaccines in Illinois at least through the end of the 2006-2007 flu season nearly 18 months beyond the deadline prescribed by the duly passed and signed legislation.

Feb. 2, 2006
Shortly after "pre-booking" for the 2006-07 influenza vaccine commenced, sanofi-aventis issued a press release. A *record demand* for influenza vaccine had resulted in the commitment of all influenza vaccines for the next flu season *except* for its unpreserved Fluzone in the pediatric formula. They also claim that "additional doses could be made for delivery in November and December based on customer needs and production yields."

This development is remarkable**:** As of now, the only available sanofi pasteur influenza vaccine is thimerosal-free. The Illinois Department of Health, the public health agencies in other states and the AAP are well aware of that, or at least they should be.

Now, vaccine safety advocacy groups also know.

Evidently sanofi pasteur is able to cope with increasing demands for

the preservative-free formulation and there is no question that when the present supply is pre-booked, more will be manufactured *"for delivery in November and December based on customer needs."*

In addition, other vaccine makers also produce thimerosal-free influenza vaccine.

Feb. 10, 2006
Damian Braga, president of sanofi pasteur US, informs all healthcare professionals by letter, "At this time, Fluzone No Preservative, Pediatric Dose Vaccine is the only formulation we are still prebooking." (9)

Feb. 16, 2006
The New Mexico Department of Health announces that *only thimerosal-free* vaccine will be administered to pregnant women and children up to eight years of age during the 2006-07 flu season.

Anne Lutz, MPH, immunization program manager and CDC public health advisor to the New Mexico Department of Health confirms in a subsequent email (to Ayoub) that 50,000 infant doses were acquired from sanofi-aventis and 10,000 of adult presentations from Chiron, all *without*thimerosal.

The contradiction is rather remarkable: In Illinois, actions by health agencies deprived infants from receiving a safer vaccine than was recommended by state law. In New Mexico, through the effort of the CDC liaison officer in that state, plenty of thimerosal-free vaccine is made available even though state law did not mandate its use. The New Mexico Department of Health clearly did everything right.

March 4, 2006
In an article by Rita Sand on Chicago.indymedia.org entitled "Some Illinois Vaccines Still Legally Laced with Mercury," David Carvalho, IDPH deputy director, cited cost, and not availability, as the main factor for not ordering thimerosal-free vaccine. (10) This contradicted a quote by director Whitaker on Jan. 10, 2006 in the *Chicago Sun-Times* and the official explanation provided in the IDPH exemption statement, where cost was not mentioned. (8) Apparently the health department being aware that there was plenty of thimerosal-free vaccine available for 2006-2007 needed to create an alternative explanation to justify the exemption.

March 6, 2006

In an article by Robert Kennedy Jr. in *The Huffington Post*, more revelations from sanofi-aventis seem to surface: "Sanofi has said that the company was prepared to double production of thimerosal-free children's flu vaccine, but that there were no requests from CDC or the state health departments that it do so. Indeed, CDC has ordered 3.5 million doses from sanofi for its Vaccines for Children program, which provides vaccines to economically disadvantaged children mainly in minority communities. Only a fraction of these will be thimerosal-free, according to Rodewald [Lance Rodewald, MD, of the CDC]. He refused to disclose the precise number."

Putting it all together:

- Through this investigation, conducted predominately through the freedom of information act and press releases, a clear pattern emerges.
- The evidence supports the contention that there is an intentional distribution channel surplus of thimerosal-free vaccine. *There always has been*.
- Industry has stated that production could be doubled but there is no demand primarily because the CDC and the states' health departments are not ordering it.
- In the case of Illinois, a weak attempt at seeking out thimerosal-free vaccine was thwarted with the assistance of the CDC and the strange sales policy of sanofi-aventis, essentially refusing to honor a large order by one state.

By establishing a policy of not allowing sales of large quantities, certain manufacturers have created a situation that results in lower sales, inventory glut and thus the suppression of future production increases.

The limits on sales of thimerosal-free flu vaccine do not appear to be the result of limited supply, but rather the consequence of a limited demand and a flawed "sales policy."

Manufacturers sell vaccines with or without thimerosal: They suffer no consequences of this bizarre policy. Infants and pregnant women exposed to mercury on purpose are not as fortunate.

The issue of cost

The "increased cost" to the state(s) of the thimerosal-free influenza vaccine recommended for infants and pregnant women had been the subject of many discussions and statements but became, for all practical purposes, a non-issue. It was strange, therefore, that Carvalho of IDPH chose to bring it up again months after the votes were taken and the mercury-free vaccine act had become a "fait accompli."

In the Sand interview, Carvalho projected a price differential in the hundreds of thousands of dollars. The CDC's 2005-2006 price list (published in 2005) provides more reasonable figures. (See below) A single-dose syringe, 0.25 ml dose of pediatric thimerosal-free sanofi pasteur influenza vaccine would have cost the State of Illinois (US) $13. The price of an equivalent dose with thimerosal from a multi-dose vial was (US) $10.70. Illinois could have purchased mercury-free sanofi pasteur single-dose 0.50 ml syringes, the adult dose, for just (US) $14. GlaxoSmithKline provided the same dose for just (US) $11.

Many would suggest that the time and effort required, the price of a syringe, the price of two needles (one for drawing from the multi-dose vial and one for injecting) and two alcohol sponges, are worth more than (US) $2.30.

Prices of the 2005 mercury-free influenza vaccine are even lower now. On April 13, 2006, STAT Pharmaceuticals featured flu vaccines on its web site. Sanofi pasteur Fluzone 2005, thimerosal-free influenza vaccine for infants 6 to 23 months was available in unlimited quantities. The vaccine, catalogue # 141901, is sold in boxes of 10 doses at (US) $75 per box. Shipping is guaranteed within 48 hours but only Monday to Wednesday because of the need for refrigeration and for the "cold chain" to be maintained. (11)

Sanofi pasteur's mercury-free flu vaccines for 2006-2007 will cost even *less* than they did last year. New Jersey will be buying the 0.25-ml dose of thimerosal-free vaccine for just (US) $7.50. The state's contract covers the period from March 1, 2006 to March 31, 2007. (12)

ITEM DESCRIPTION:

> TRIVALENT INACTIVATED INFLUENZA VACCINE
> SINGLE-DOSE PREFILLED 0.25 ML SYRINGE
> 10 DOSES PER PACKAGE

CONTAINS NO THIMEROSAL PRESERVATIVE
AGE INDICATION: 6-35 MONTHS
EXCLUDES FEDERAL EXCISE TAX
BRAND: FLUZONE
MODEL: 49281-006-25
00009 COMM CODE: 269-80-061157 1.000 EACH N/A $7.50000
[SERUMS, TOXOIDS, AND VACCINES]

ITEM DESCRIPTION:

FEDERAL EXCISE TAX PER 10 DOSES
IF SANOFI PASTEUR IS PAID AFTER 30 DAYS
BRAND: FLUZONE
00010 COMM CODE: 269-80-061157 1.000 EACH N/A $7.65310
[SERUMS, TOXOIDS, AND VACCINES]

ITEM DESCRIPTION:

FEDERAL EXCISE TAX PER 10 DOSES
IF SANOFI PASTEUR IS PAID WITHIN 30 DAYS
BRAND: FLUZONE

Related Documents

Emails obtained through the freedom of information act. (13)

Information on pre-booking of influenza vaccine for 2006-2007. (14)

Official statement by Edward Pont, MD, FAAP, (ICAAP) and Julia Morita, MD, FAAP, (Chicago Department of Public Health). (15)

Ayoub's response. (16)

Discussion and Conclusions

- No one is above the law.
- Allowing spurious arguments to circumvent responsible legislation threatens the essence of our democratic process.
- The time to object to new legislation is before it is voted upon and becomes law.
- The Illinois director of health can easily address the situation in his state: Thimerosal-free influenza vaccine is plentiful and cheaper than last year.
- The three other vaccines mentioned in the exemption are not intended for infants and young children living in Illinois.

According to the director himself, the combined tetanus and diphtheria (Td) vaccines are administered to secondary and post-secondary students and the meningococcal vaccine (MPV) is needed in the event of an outbreak of meningitis at a university. The Japanese encephalitis vaccine is only recommended in case of travel to Southeast Asia.

- NIP Director Anne Schuchat, MD, should review the situation.
- According to the FDA, thimerosal is 49.6 percent mercury by weight. (17)
- Thimerosal is not 49.6 percent ethylmercury. It is metabolized or degraded into ethylmercury and thiosalicylate.
- Maurice R. Hilleman was convinced in 1991 that ethylmercury and methylmercury were equally toxic. So should we be.
- No one can say that a small amount of ethylmercury is absolutely innocuous. There are, in fact, several clinical and animal studies that suggest otherwise.
- To date, no scientist has agreed to be injected with weight-equivalent amounts of thimerosal.
- There is, therefore, no justification in 2006 for administering any vaccine with thimerosal if that vaccine is available in a thimerosal-free formulation for pennies more per dose.
- Children in Scandinavia have not been exposed to mercury by injection for the past 15 years. Our children should not either.
- A ban on thimerosal in vaccines can only help improve vaccination rates.
- We should be concerned about the use of vaccines with thimerosal in developing countries. After we protect our own children, we should do our best to help others.
- Whether autism rates decrease or not when thimerosal is removed from vaccines is irrelevant. There is no reason in the world that would justify the administration of thimerosal to our infants and children, when children in Scandinavia have had mercury-free vaccines for years.
- It is evident that autism will not go away just because thimerosal has been removed from vaccines.
- There is substantial evidence that multiple environmental causes, including vaccines, precipitate autistic regressions in certain genetically predisposed children.
- Clinical investigations to find all causes of autism should be encouraged and the report of the Feb. 9, 2004 Institute of Medicine immunization safety review committee meeting should be withdrawn or ignored.
- The campaigns against thimerosal bans in some states are ill advised.

- Individuals and organizations requesting the removal of thimerosal from vaccines and their scientific advisors appear to be primarily interested in the welfare of children. It is not clear what their opponents' ulterior motives are.

* * * *

"The important thing to note is that thimerosal is an issue really only for pediatric vaccines for small children. The developing nervous system is very sensitive, so if they're exposed to mercury it's more likely to cause damage."

Pierre Lavigne
Director of clinical and medical affairs
sanofi pasteur
http://generationrescue.org/quotes10.html

"In most vaccine containers, thimerosal is listed as a mercury derivative, a hundredth of a percent. And what I believed, and what everybody else believed, was that it was truly a trace, a biologically insignificant amount.
My honest belief is that if the labels had had the mercury content in micrograms, this would have been uncovered years ago.
But the fact is no one did the calculation."

Neal Halsey
Professor of international health and pediatrics,
Johns Hopkins University
http://tinyurl.com/hnk8u

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Cost for Influenza Vaccine
(2005-2006)

The following table provides catalog prices for each of the influenza vaccines licensed for use in the United States this season. The amounts a purchaser pays may differ depending upon such variables as the quantities purchased, contractual arrangements, and source of purchase.

INFLUENZA VACCINE CATALOG PRICES, BY MANUFACTURER, 2005-06

COMPANY
PRESENTATION
PRICE PER DOSE

MedImmune
Returnable (20 doses) Single Dose Sprayer $25.25
Non-returnable (<50 doses) Single Dose Sprayer $20.70
Non-returnable (50 doses) Single Dose Sprayer $19.70
Sanofi Pasteur, Inc.
Ages 6 Months Multi-dose Vial $10.70
Ages 3+ Years Single-dose Vial, 0.5 ML Not Available
Ages 3+ Years Single-dose Syringe, 0.5 ML $14.00
Ages 6-35 Months Single-dose Syringe, 0.25 ML $13.00
GlaxoSmithKline
Ages 18 Years Single-dose Syringe, 0.5 ML $11.00
Chiron
Ages 4 Years Multi-dose Vial $11.00
Ages 4 Years Single-dose Syringe $13.65
1 All prices were provided by the individual influenza vaccine manufacturers.
2 All prices include $.75 excise tax.

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http://www.cdc.gov/flu/professionals/bulletin/2005-06/bulletin3_092905.htm