

Autism Research Review

I N T E R N A T I O N A L

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Reviewing biomedical and educational research in the field of autism and related disorders

New studies in US, UK add to evidence of autism/MMR vaccination link

U.S. researcher Vijendra Singh recently reported new evidence that the MMR (measles-mumps-rubella) vaccine may cause brain damage leading to autism, while U.K. researcher Andrew Wakefield—the physician who first raised the MMR/autism issue in 1998—issued new findings again linking autism to bowel symptoms possibly stemming from MMR vaccination.

Addressing the International Public Conference on Vaccination in September, Singh reported that tests on blood samples from 80 autistic children and 60 controls found autoantibodies to myelin basic protein (which

forms the coating of nerve fibers) and markedly raised measles antibody titers in 70 percent of the autistic children, but none of the control children. The autoantibodies, Singh says, may attack the brain and damage the myelin sheath surrounding nerves.

“The rapidly accumulating evidence,” Singh says, “strongly implicates autoimmunity in autism which, in many cases, may result from a vaccine injury.”

In a related study, Andrew Wakefield and colleagues report that “a new variant of inflammatory bowel disease is present” in a subgroup of children with developmental disorders.

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Wakefield et al. performed ileocolonoscopy and biopsies on 55 children with autistic spectrum disorders and five children with other developmental disabilities. Almost all of the children had clear histories of be-

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Drug safety experts question MMR

In a report to be published in the January issue of *Adverse Drug Reactions*, leading British authorities on the regulation of medicine charge that the measles-mumps-rubella (MMR) vaccine should never have been licensed without far more extensive testing.

The researchers' comments appear in reviews of an article by Andrew Wakefield and Scott Montgomery, both of whom argue that there is insufficient evidence that the MMR vaccine is safe. Wakefield was the first researcher to tentatively link the MMR vaccine to autistic symptoms and gastrointestinal abnormalities.

Those agreeing with Wakefield and Montgomery include Peter Fletcher, formerly a senior professional medical officer for the Department of Health, who says, “Being extremely generous, evidence on safety [of the MMR] was very thin.” Noting that single vaccines for measles, mumps, and rubella already existed, he argues, “Caution should have ruled the day.... The granting of a product license was definitely premature.”

Professor Duncan Vere, a former member of the UK Committee on the Safety of Medicines, agrees, saying, “In almost every case observation periods were too short to include the time of onset of delayed neurological or other adverse events. Interaction between vaccines had not been considered adequately in children with multiple vaccinations and potentially ill-developed immune systems.”

Montgomery says the reviewers' comments are particularly notable because “the people who reviewed this paper used to be in charge of drug safety and what they are saying is: ‘Should this vaccine have been licensed?’”

The journal will not comment on the article and related reviews before press time, but a spokesperson says, “All the reviewers conclude that something needs to be done about MMR and that there is a case to answer against the vaccine.”

Sarah-Kate Templeton, “MMR vaccine should not have been licensed,” *Sunday Herald* (London), December 10, 2000.

