

Vaccinations do not cause autism.

Fear over vaccines and autism

By Ned Calonge

Certainly, we are past due in dedicating the appropriate resources to look for the potential causes — and in identifying effective therapies — for the very serious condition of autism. But the March “Vaccine Court” decision, a single legal settlement involving an unfortunate child suffering from a rare heritable disorder, serves as an unnecessary distraction from this course.

The worst decision parents could make as a result of this isolated event would be to avoid immunizing their children against serious childhood disease, where the risks are real and proven.

We must put behind us the concern that there might be a link between vaccination and autism, and concentrate on finding the true causes and potential cures.

The recent legal decision has been miscast by vaccine opponents. In truth, this case was treated separately from other autism cases being evaluated by the federal court because the child involved has a rare mitochondrial disorder leading to an encephalopathy or neurological condition with autism-like symptoms, and thus is unrelated to the rest of the population. And, despite the findings of the court, there is no scientific evidence that this child’s condition was affected by her receipt of recommended childhood vaccinations.

This was a legal decision, not one supported by scientific evidence.

There now have been 16 separate, independent studies undertaken in five countries, involving millions of children, that have found no link between vaccination, vaccines or vaccine preservatives (namely, the mercury-based thimerosal) and autism. We have more data supporting this lack of association than for most other “known facts” in medicine. The sheer number of children included in these studies precludes the theory that there may be even some small but significant number of children for whom vaccination was at fault for, or contributed to, any measurable degree of autism.

There simply can be no other scientific conclusion than that reached by the Institute of Medicine: Vaccination does not cause autism.

I am very troubled by the way some have chosen to view this court ruling. If parents now choose to expose their children to the very real threats of infectious diseases because of unwarranted concerns about a non-existent risk, we may see

more tragic events such as the devastating measles epidemic in Ireland in 2000, or more recently the measles outbreak among unvaccinated children last month in San Diego.

We could see the re-emergence of hemophilus influenza type B, a cause of life-threatening meningitis that has been all but wiped out by effective vaccine programs. We could see, as we have in developing countries where vaccination rates have decreased, the return of polio, which has otherwise been eradicated in our country.

These are the real health threats.

Finally, this continued attention to a non-existent link between autism and vaccines is harmful to our approach to autism itself. By continuing to focus our attention on an area where we have spent considerable resources and found compelling evidence of no link, we are ignoring looking for the real causes of autism.

The Colorado Department of Public Health and Environment is participating with JFK Partners at the University of Colorado Denver in a study to expand our examination of causes.

This is where we should spend our efforts. We need to redirect efforts and resources to find new treatments to better impact the outcomes of autism in our children. Continuing to dwell on the issue of vaccinations provides no benefit to anyone.

Over the past five years, Colorado has improved its childhood immunization rates from about 56 percent to nearly 76 percent. Such improvements must not be sacrificed to an unsubstantiated concern or, worse, to a concern that has been soundly refuted by a preponderance of research.

Gov. Bill Ritter’s goal of exceeding the federal childhood immunization goal of 80 percent is a worthy one — and one that helps protect children while reducing medical expenses in the state.

There will continue to be those who believe, for whatever reason, that vaccinations cause autism. From a scientific standpoint, the answer is in: they don’t.

We need to move on, provide effective infectious disease protection for our children, and turn our attention to finding the real causes of and effective treatments for this very serious condition.

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Health-care solution must include compromise among prevention, quality of life and cost

By Dr. Mark B. Johnson

The question raised by Vincent Carroll's On Point column of March 7, "Does prevention pay?," is a very timely one, and the conclusion at which it arrived - "It depends" - is absolutely correct. However, I feel that the dialogue between the question and the answer is much more complicated and complex than Carroll had space to discuss, and is much too important to minimize. With all the rhetoric given to prevention in this time of escalating health-care costs, we need to thoroughly assess where it should fall in our policy priorities.

The "easy" answers are morally and logically unacceptable. If the cost of health care is the ultimate priority, the answers are abortion and targeted euthanasia. Abortion saves a lifetime of health-care costs, and utilizing euthanasia when it is estimated that a person has only six months to live would save the majority of our publicly funded health-care costs. I doubt, however, that even the most fiscally conservative among us want to live in a world like this.

In a representative democracy, the solution must include a compromise among prevention, quality of life and cost. It must also include parity. Racial and ethnic health disparities significantly affect the health of our nation. Minorities are much more likely than whites to die prematurely or live with preventable diseases.

Hispanic smokers are 55 percent less likely to get the help they need to quit smoking. Blacks with asthma are less likely to receive medications to control their condition. Colorectal screening rates are lower for blacks and Asians.

Three behaviors, or lifestyle choices, account for approximately 40 percent of our deaths. These are tobacco, poor diet/physical inactivity, and alcohol use. There is compelling evidence that poor diets and physical inactivity are increasing rapidly as actual causes of death, and apparently now cause more preventable deaths than tobacco, which has

long been seen as the leading preventable cause of death.

Progress in the prevention of behaviorally mediated health conditions calls for the coordination and collaboration of the social, commercial, public health and medical practice disciplines.

Finally, a study late last year showed that five underutilized lifesaving preventive services could save more than 100,000 lives each year in this country if they were provided more appropriately. The activities and the estimated number of lives that could be saved are: the daily use of aspirin by adults with a high risk of heart disease, especially men over 40 and women over 65 (45,000 lives saved); increasing to 90 percent the portion of smokers who are advised by a health-care professional to quit and are offered assistance (42,000 lives saved); increasing to 90 percent the portion of adults age 50 and older who are up to date with recommended colorectal cancer screening (14,000 lives saved); increasing the portion of adults age 50 and older who get an annual flu vaccination to 90 percent (12,000 lives saved); and, increasing to 90 percent the portion of women age 40 and older who have been screened for breast cancer at least once every two years (3,700 lives saved).

In the last half of the 20th century, some Eastern European countries made the decision to encourage continued high smoking rates because they found that having smokers die early would save money. This is no way to approach prevention. I believe we are better than that, and that we must base our health-care policies on a balance among prevention, quality of life and cost.

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