Why Anti-thimerosal Vaccine Legislation is Dangerous to our Nation's Health

1. It would perpetuate false and misleading information that vaccines are not safe. Parents may see the banning of thimerosal as an admission that vaccine safety oversight is inadequate. If thimerosal is banned, parents will doubt the safety of vaccines in general, immunization rates would fall, and rates of vaccine-preventable diseases (e.g., measles, whooping cough, and Hib bacterial meningitis) would rise. Many parents may also unknowingly choose to reject vaccines that have never contained thimerosal because they don't understand the issues.

2. It would add more complexity to the current vaccine delivery system. The number of vaccines given to infants and children has increased from 7 in 1985 to 10 in 1995 and now to 13 in 2005. With new vaccines being introduced, changes in scheduling, and all of the other complexities of vaccination delivery, it is already difficult for providers to stay current with the ever-changing nature of immunization. Adding a requirement that providers may use only vaccines in either reduced thimerosal or thimerosal-free formulations would add more complexity.

3. It could result in children going unvaccinated because current U.S. manufacturing capacity cannot produce enough thimerosal-free vaccine each year to vaccinate all children. The pediatric influenza deaths during the 2003-04 season are a sharp reminder of the danger that vaccine-preventable diseases still pose to children and of the need to ensure every child is vaccinated. The one manufacturer that produces thimerosal-free influenza vaccine is moving to expand manufacturing capacity. Passing state laws outlawing thimerosal will not make manufacturing capacity increase faster; it will just mean that vaccine may not be available to vaccinate children in anti-thimerosal states.

4. If trace amounts were prohibited (as is present in many of the legislative proposals and in the newly enacted Delaware and Illinois laws), **it would disallow use of combination vaccines, which are important in reducing the number of injections children receive.** Example: In St. Paul, Hmong mothers frequently tell a doctor that "5 shots is too many." This leaves the doctor to determine which vaccinations to postpone and if the mother and child are likely to return for the necessary follow-up. Thus, anti-thimerosal legislation may result in a drop in rates of childhood vaccination, endangering the health of kids.

5. It would limit the nation's ability to quickly administer influenza vaccine to everyone in the U.S. when a pandemic strikes. When the next influenza pandemic occurs, whether it is the Avian/H5N1 influenza that is now in Asia or another influenza virus, it is vaccine packed in *multidose vials* that will protect Americans. Thimerosal-free vaccine can be packaged only in single-dose units, and we are far short of the capacity necessary to fill enough single-dose units for all in the nation. Single-dose presentations also waste vaccine—a given volume of vaccine packaged in a multidose vial, will vaccinate more people than if packaged in single-dose units.

6. It would prevent travelers from getting protection from Japanese encephalitis. Japanese encephalitis (JE) is a mosquito-borne infection and the leading cause of childhood encephalitis in Asia, where up to 50,000 cases may be reported annually. When encephalitis develops, the case-fatality rate can be as high as 30%. Transmission is seasonal and occurs in the summer and autumn in the temperate regions of China, Japan, Korea, and eastern Russia. The risk to short-term travelers and those who confine their travel to urban centers is very low. Expatriates, travelers, and U.S. government workers living for prolonged periods in rural areas where JE is endemic or epidemic are at greater risk and should be vaccinated. No thimerosal-free JE vaccine exists today.

7. It would be a more costly alternative to taxpayers. Influenza vaccine without thimerosal is, on average, 25-30% higher, than are products containing thimerosal as a preservative or in trace amounts. Thus, for every 100,000 persons enrolled in the state's Medicaid program who are vaccinated for influenza, the state will pay an additional $265,000–$330,000 for thimerosal-free or thimerosal-reduced vaccine. Using scarce resources to buy thimerosal-free vaccines would also impede the state's ability to purchase other critical vaccines.

8. Contrary to the claims of the proponents of anti-thimerosal vaccine legislation, no evidence exists that associates thimerosal-containing vaccines with the development of autism and other neurologic disorders. The issue of mercury's ill effects on the neurologic development of infants is based on studies of methylmercury. Nearly all methylmercury exposures in the U.S. occur through eating fish and shellfish. Several large scientific studies have shown no evidence between autism and the ethylmercury-containing thimerosal in vaccines. This has been confirmed by many major professional medical and public health organizations and affirmed by the independent Institute of Medicine.

Vaccines save lives! Don't allow legislatures to deny access to them — support their availability to every person in every state.