

October 29, 2004

The Honorable Ralph Regula
Chairman
Subcommittee on Labor, HHS and Education
Committee on Appropriations
2306 Rayburn House Office Building
House of Representatives
Washington, D.C. 20515

Dear Chairman Regula:

[Also sent to Members of the House Appropriations Committee, House Energy and Commerce Committee Senate Appropriations Committee, Senate Health, Education, Labor and Pensions]

I am writing on behalf of the Infectious Diseases Society of America to express the Society's concerns regarding some congressional members' actions related to vaccines that contain the preservative, thimerosal, and a hypothetical association between such vaccines and autism.

Vaccination has been recognized as the greatest public health achievement of the 20th century. Without question, safe and effective vaccines are our most powerful tools for preventing disease, disability, and death. As infectious diseases physicians, we are determined that this level of success be maintained. Thus, we become very concerned when the public's confidence in vaccines is threatened unnecessarily.

To effectively achieve vaccination success, vaccines must be sterile, and thimerosal has been used as a preservative to prevent bacterial contamination. The Institute of Medicine's (IOM) Immunization Safety Review Committee recently conducted a review of thimerosal in vaccines and the potential linkage to autism and concluded that "the body of epidemiological evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism." The Committee also suggests "further research to find the cause of autism should be directed toward other lines of inquiry that are supported by current knowledge and evidence and offer more promise for providing an answer."

Persistent congressional activities that highlight unsubstantiated links between thimerosal and autism could erode the public's trust in *all* vaccines and increase the burden of preventable infectious diseases in the United States. The benefits of vaccinations are certain to be undermined by continued efforts that highlight safety concerns that are not scientifically based. A successful legislative effort that prohibits federal funding for and/or the administration of vaccines that contain thimerosal most likely would result in shortages of vaccines that are critical to child and adult health. If the use of thimerosal-free vaccines were mandated, the public health demand would greatly exceed the vaccine supply.

Of particular note, these legislative efforts raise serious implications for the U.S. influenza preparedness plan. The current critical shortage of influenza vaccine publicly has exposed the fragility of the entire U.S. vaccine production and supply chain. Vulnerabilities in this system

have been delineated most recently by the Government Accounting Office in testimony before the Senate Special Committee on Aging. In the short term, vaccine manufacturers will only be able to produce a limited number of thimerosal-free vaccines due to complicated manufacturing processes. These manufacturing challenges also make the exact date by which thimerosal elimination in influenza vaccines can be accomplished unknown. What is certain is that efforts to prematurely require the removal of influenza vaccine containing thimerosal from the market would magnify the current fractures in our influenza vaccine supply chain as multi-dose vial production capacity would be lost (preservative-free flu vaccine can only be produced in single-dose vials).

For these reasons, we urge Congress to use extreme caution as it considers this matter. Should you have any questions regarding this issue, please contact Tanisha Parker, Policy & Government Relations Manager at 703-299-0200. Thank you for your consideration.

Sincerely,

Walter E. Stamm, MD

President

cc: Dr. Julie Gerberding, CDC Director
Dr. Anthony Fauci, NIAID Director
Dr. Steve Cochi, NIP Acting Director