

July 16, 2007

The Honorable David R. Obey  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Obey,

The organizations listed below write to offer our strong opposition to the Weldon amendment included in the FY 2008 House Labor, HHS and Education Appropriations Bill, which was adopted by voice vote by the Appropriations Committee. This amendment prohibits the use of federal funds to administer an influenza vaccine containing the preservative, thimerosal to children less than 3 years of age in the 2008-2009 influenza season. Vaccine advocates fear that if this amendment passes it will send the message that the federal government has determined that thimerosal-containing flu vaccine is unsafe. The repercussions of this message will be extremely detrimental and far-reaching. It may increase the confusion about the safety of vaccines, resulting in an erosion of the public's trust, causing the deaths of untold numbers of children.

Influenza vaccine supply is critical to successful efforts to protect our nation's children from influenza disease. Supply has been inconsistent and unstable in the past, and this has greatly impacted our ability to increase and sustain coverage rates among all populations. Currently there is only one manufacturer licensed to produce thimerosal-free influenza vaccine for young children and they do not have the capacity to create enough vaccine for the population affected by this amendment. In addition, if this amendment were passed it would require that all of the thimerosal-free vaccine be given to children receiving federally funded influenza vaccines. This places health care providers who treat both insured and uninsured children in the very difficult position of having to determine who receives which vaccine.

Further, if physicians are not permitted to administer preservative-containing influenza vaccine, this could result in unimmunized children who will be at risk of contracting influenza and suffering from the complications associated with it. This is not merely a hypothetical situation. At the advent of the unfounded concern regarding thimerosal, it was recommended that the birth dose of hepatitis B vaccine be delayed until two months of age. While this decreased the exposure to the theoretical risk of thimerosal, the confusion from the implementation of the change in vaccine policy resulted in children actually being infected with hepatitis B, a lifelong infection, which has a significant risk of leading to liver cancer and cirrhosis. One child in Michigan died after nursery personnel failed to administer the hepatitis B vaccine, fearing exposure to thimerosal.

Most importantly, this bill is unnecessary because science has shown that thimerosal in vaccines has had no detrimental effects on children or adults. Five epidemiological studies, which evaluated hundreds of thousands of children who received vaccines that did or did not contain thimerosal, found that thimerosal did not increase the risk for autism or other neurological problems. The Institute of Medicine's (IOM) Immunization Safety Review Committee, after reviewing these and numerous other studies, concluded that "the body of epidemiological evidence favors *rejection of a causal relationship between thimerosal-containing vaccines and autism.*" The IOM committee also suggested that "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." The Food and Drug Administration's (FDA) review also found no evidence that thimerosal in vaccines caused harm. Prior to the performance of epidemiological studies, in July 1999, the Public Health Service agencies (PHS), the American Academy of Pediatrics (AAP), and vaccine manufacturers agreed that thimerosal

levels in vaccines should be reduced or eliminated *as a precautionary measure*. With epidemiological studies now in hand disproving an association between thimerosal containing vaccines and neurological disorders, one can now say with confidence that the removal of thimerosal from all but the influenza vaccine did not make vaccines safer. Indeed, since the removal of thimerosal from all vaccines given to young infants in 2001, the incidence of autism has continued to rise.

Influenza vaccine is now the only routine childhood vaccine that still contains thimerosal, albeit in very small amounts. While vaccine manufacturers have agreed to remove thimerosal from all influenza vaccines, this isn't a matter of just choosing not to add the preservative at the end of the manufacturing process. Rather, it means changing facilities to produce single-dose rather than multi-dose vials. Further, because multi-dose vials are less expensive, and because thimerosal at the level contained in vaccines is not harmful, the move to single-dose vials increases the cost of vaccines without increasing their safety or efficacy.

Clearly, the benefits of influenza vaccination far outweigh the risks of not vaccinating. Each year approximately 36,000 people in the United States die from influenza and its complications, and more than 200,000 are hospitalized. Rates of infection are highest among the elderly and young children and hospitalization rates are highest among children from birth to two years of age. Each year approximately one hundred children die as a result of complications from influenza, forever scarring the surviving family members.

These are but a few of the problems that would result from the passage of this amendment. The Advisory Committee for Immunization Practices highly recommends that children 6 months to five years of age receive annual influenza vaccinations. Vaccines save lives. Voting for this amendment could cost the lives of children. We therefore, strongly urge you to support the scientific evidence regarding this important matter and vote in favor of protecting children from deadly influenza disease.

Signed,

Every Child By Two – The Carter/Bumpers Campaign for Early Immunizations

Families Fighting Flu – Families Who Have Lost a Child to Influenza

Vaccine Education Center, The Children's Hospital of Philadelphia

Association of Immunization Managers

Immunization Action Coalition

Pediatric Infectious Disease Society of America

Infectious Diseases Society of America

Partnership for Prevention

American Public Health Association

American Society of Health System Pharmacists

Hepatitis B Foundation

Consortium for Infant and Child Health

Meningitis Angles

Nursing and Home Care Affiliates

American Osteopathic Association

National Alliance of State and Territorial AIDS Directors

National Foundation for Infectious Diseases

Maxim Health Systems

Consortium for Healthy and Immunized Communities, Inc.

National Viral Hepatitis Round Table

National Medical Association

American College of Osteopathic Pediatricians

The Family Medical Group

The Sealy Center for Vaccine Development of the University of Texas Medical Branch

California Coalition for Childhood Immunization

Essex Metro Immunization Coalition – New Jersey

Immunization Coalition of Washington, DC

Colorado Wellness Connection

Mississippi Statewide Immunization Coalition

Burnett County Department of Health and Human Services - Wisconsin

Tri-County Immunization Coalition - Charleston, SC

Immunization Task Force, Metro Omaha – Nebraska

Immunization Coalition of Delaware

The Arizona Partnership for Immunizations