

**Ambulatory Pediatric Association • American Academy of Family Physicians  
American Academy of Physician Assistants  
American College of Allergy, Asthma, and Immunology  
American College of Preventive Medicine • American Liver Foundation  
American Medical Directors Association • American Pharmacists Association  
Association of Immunization Program Managers  
Council of State and Territorial Epidemiologists • Every Child by Two  
Hepatitis B Foundation • Hepatitis Foundation International  
Immunization Action Coalition • Infectious Diseases Society of America  
National Coalition on Adult Immunization • National Foundation for Infectious Diseases  
Parents of Kids with Infectious Diseases • Pediatric Infectious Diseases Society  
Society for Adolescent Medicine • Society of Teachers of Family Medicine  
Vaccine Education Center at the Children's Hospital of Philadelphia**

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**Date:** April 3, 2006  
**To:** All Members of Congress  
**From:** Multiple National Organizations that Support Safe and Effective Vaccines  
**Subject:** Opposition to Efforts to Restrict Access to Vaccines

**Our organizations respectfully wish to state our opposition to all legislative efforts at the federal and state levels to restrict access to vaccines containing thimerosal, an ethylmercury-based preservative. If enacted, we believe such legislation has the potential to do the following:**

1. 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. The issue of thimerosal's ill effects on the neurologic development of infants is based on studies of methylmercury and not the ethylmercury that is in the preservative thimerosal used in some vaccines. According to the U.S. Environmental Protection Agency, nearly all **methylmercury** exposures in the U.S. occur through eating fish and shellfish. The mercury that is contained in the preservative thimerosal is known as **ethylmercury**. There has been considerable research on this issue since the 1999 precautionary statement of the U.S. Public Health Service (USPHS) and the American Academy of Pediatrics (AAP) and there is **no documented scientific evidence** that ethylmercury in the form of thimerosal in the doses administered in vaccines causes any risk to health.
2. Potentially result in **on-going vaccine shortages** or inability to deliver care as healthcare providers are forced to seek vaccine formulations that are either free of thimerosal or contain only reduced quantities both of which would be in short supply. As an example, only 10% of a projected total of 80 million doses of injectable influenza vaccine will be available for the 2005-06 vaccination season in a thimerosal-free formulation. Other vaccines, such as vaccine used to prevent Japanese encephalitis in travelers to certain Asian countries, are not available in reduced thimerosal or thimerosal-free formulations.
3. Limit the nation's **ability to quickly administer influenza vaccine** in the U.S. when a pandemic strikes. Vaccine containing no thimerosal or reduced quantities can be packaged only in single-dose units, and we are far short of the capacity necessary to fill enough single-dose units to quickly respond to a nation in need of immediate protection against influenza at the pandemic level (e.g.,

Avian flu). The only way we can more quickly build our vaccine delivery capacity is to fill multi-dose vials and these vials must contain a thimerosal-containing preservative.

4. Lead to **increased costs** for vaccines. Where alternative vaccines containing no thimerosal or only reduced quantities are available, they can be as much as 25-30% higher in cost, due to production losses and to single dose packaging. These additional costs will directly impact Medicare, the federal Vaccines for Children Program, state-administered Medicaid programs, as well as private health insurance costs.
5. Add **more complexity** to our present vaccine delivery system. With new vaccines being introduced, changes in vaccination 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 can only use vaccines with no or reduced amounts of thimerosal would add more complexity.
6. Profoundly **affect global immunization programs**, as do many U.S. vaccine policy decisions. Vaccines sold in the international market require multi-dose packaging because it reduces manufacturing costs significantly, a vital consideration for nations with fewer resources than the U.S. Multidose vials also conserve space in refrigerated containers (vaccines often require refrigeration when shipped to remote areas). If the U.S. adopts a policy restricting access to vaccines, it could adversely affect the health and well-being of children all over the world in ways that you would not intend. The negative political consequences of the U.S. using vaccines “allegedly safer” than those it supports for other countries are very worrisome.

Vaccine manufacturers have revised their manufacturing processes to allow production of most vaccines in either a reduced thimerosal or thimerosal-free formulation. This was done as a precaution to address theoretical concerns noted in the USPHS/AAP joint request of July, 1999 and **not** because any evidence suggested that thimerosal was harmful.

One fact we know for certain: in the U.S., 10.5 million cases of vaccine-preventable disease and 33,000 deaths are prevented each year by vaccinations. We therefore urge the members of the U.S. House of Representatives and the U.S. Senate to trust in the conclusions of the scientific community, including the Institute of Medicine, that the scientific evidence does not identify any connection between vaccines and autism. Please oppose all such legislative proposals and help us further our work in protecting our nation’s children and adults against vaccine-preventable diseases.

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