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 ongoing 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. **Profundely 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.

Diane Kittridge, MD, President
Ambulatory Pediatric Association
www.ambpeds.org

Mary E. Frank, MD, Board Chair
American Academy of Family Physicians
www.aafp.org

Marie-Michelle Leger, MPH, PA-C
Clinical and International Affairs
American Academy of Physician Assistants
www.aapa.org

William K. Dolen, MD, President
American College of Allergy, Asthma, and Immunology
www.acaai.org

David A. Smith, MD, President
American Medical Directors Association
www.amda.org

Mitchel C. Rothholz, RPh, Vice President
Professional Practice & Member Services
American Pharmacists Association
www.aphanet.org
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Paul Bonta, Associate Director
Policy & Government Affairs
American College of Preventive Medicine
www.acpm.org

Marie P. Bresnahan, MPH
Vice President for Programs
American Liver Foundation
www.liverfoundation.org

Dan Hopfensperger, Chair
Association of Immunization Program Managers
www.immunizationmanagers.org

C. Mack Sewell, MD, President
Council of State and Territorial Epidemiologists
www.cste.org

Amy Pisani, Executive Director
Every Child by Two
www.ecbt.org

Molli C. Conti, Vice President of Community Outreach
Hepatitis B Foundation
www.hepb.org

Thelma King Thiel, Chair and CEO
Hepatitis Foundation International
www.hepfi.org

Deborah L. Wexler, MD,
Executive Director Immunization Action Coalition
www.immunize.org

Martin J. Blaser, MD, President
Infectious Diseases Society of America
www.idsociety.org

Kristin L. Nichol, MD, Chair
National Coalition for Adult Immunization
www.nfid.org

Len Novick, Executive Director
National Foundation for Infectious Diseases
www.nfid.org

Trish Parnell, Executive Director
Parents of Kids with Infectious Diseases
www.pkids.org

Joseph W. St. Geme, III, MD, President
Pediatric Infectious Diseases Society
www.pids.org

Robert T. Brown, MD, President
Society for Adolescent Medicine
www.adolescenthealth.org

Donald Middleton, MD, Chair
Group on Immunization Education and
William Mygdal, EdD, President
Society of Teachers of Family Medicine
www.stfm.org

Paul A. Offit, MD, Center Director
Vaccine Education Center
Children’s Hospital of Philadelphia
www.chop.edu