

Chapter 7 Citations

1. Age for Routine Administration of the Second Dose of Measles–Mumps–Rubella Vaccine

Abstract

“The purpose of this statement is to inform physicians of a modification in the recommendation of the appropriate age for routine administration of the second dose of measles–mumps–rubella (MMR) vaccine. The implementation of the two-dose measles vaccine schedule has improved the control of measles, but some outbreaks continue to occur in school children, although >95% of children in school have received one dose of vaccine. Because most measles vaccine failures are attributable to failure to respond to the first dose, that all children receive two doses of measles-containing vaccine is essential for the control of measles. Routine administration of the second dose of MMR vaccine at school entry (4 to 6 years of age) will help prevent schoolbased outbreaks. Physicians should continue to review the records of all children 11 to 12 years of age to be certain that they have received two doses of MMR vaccine after their first birthday. Documenting that all school children have received two doses of measles-containing vaccine by the year 2001 will help ensure the elimination of measles in the United States and contribute to the global effort to control and possibly eradicate measles.”

Link

<http://pediatrics.aappublications.org/content/101/1/129>

References

"Age for Routine Administration of the Second Dose of Measles-Mumps-Rubella Vaccine." Pediatrics 101.1 (1998): 129-33.

2. Can Awareness of Medical Pathophysiology in Autism Lead to Primary Care Autism Prevention Strategies?

Abstract

“Emerging research suggests that the timing of environmental factors in the presence of genetic predispositions has influenced the increase in autism spectrum disorders over the past several decades. A review of the medical literature suggests that autism may be impacted by environmental toxicants, breastfeeding duration, gut flora composition, nutritional status, acetaminophen use, vaccine practices and use of antibiotics and/or frequency of infections. The author reports her retrospective clinical research in a general pediatric practice (Advocates for Children), which shows a modest trend toward lower prevalence of autism than her previous pediatric practice or recent CDC data. Out of 294 general pediatrics patients followed since 2005 there were zero new cases of autism (p value 0.014). Given the prevalence of autism for that cohort of 1 in 50 children in the United States, it is important to consider implementing strategies

in primary care practice that could potentially modify environmental factors or affect the timing of environmental triggers contributing to autism.”

Link

<http://www.tocureautism.org/our-publications/2013/2013-6>

References

Elizabeth Mumper.” Can Awareness of Medical Pathophysiology in Autism Lead to Primary Care Autism Prevention Strategies?”. North American Journal of Medicine and Science. Jul 2013 Vol 6 No.3

3. Measles-mumps-rubella vaccination timing and autism among young african american boys: a reanalysis of CDC data

Abstract

“Background

A significant number of children diagnosed with autism spectrum disorder suffer a loss of previously-acquired skills, suggesting neurodegeneration or a type of progressive encephalopathy with an etiological basis occurring after birth. The purpose of this study is to investigate the effect of the age at which children got their first Measles-Mumps-Rubella (MMR) vaccine on autism incidence. This is a reanalysis of the data set, obtained from the U.S. Centers for Disease Control and Protection (CDC), used for the Destefano et al. 2004 publication on the timing of the first MMR vaccine and autism diagnoses.

Methods

The author embarked on the present study to evaluate whether a relationship exists between child age when the first MMR vaccine was administered among cases diagnosed with autism and controls born between 1986 through 1993 among school children in metropolitan Atlanta. The Pearson’s chi-squared method was used to assess relative risks of receiving an autism diagnosis within the total cohort as well as among different race and gender categories.

Results

When comparing cases and controls receiving their first MMR vaccine before and after 36 months of age, there was a statistically significant increase in autism cases specifically among African American males who received the first MMR prior to 36 months of age. Relative risks for males in general and African American males were 1.69 (p=0.0138) and 3.36 (p=0.0019),

respectively. Additionally, African American males showed an odds ratio of 1.73 (p=0.0200) for autism cases in children receiving their first MMR vaccine prior to 24 months of age versus 24 months of age and thereafter.

Conclusions

The present study provides new epidemiologic evidence showing that African American males receiving the MMR vaccine prior to 24 months of age or 36 months of age are more likely to receive an autism diagnosis.”

Link

<https://translationalneurodegeneration.biomedcentral.com/articles/10.1186/2047-9158-3-16>

References

Hooker, Brian S. "Measles-mumps-rubella Vaccination Timing and Autism among Young African American Boys: A Reanalysis of CDC Data." *Transl Neurodegener Translational Neurodegeneration* 3.1 (2014): 16.

4. What is regressive autism and why does it occur? Is it the consequence of multi-systemic dysfunction affecting the elimination of heavy metals and the ability to regulate neural temperature?

Abstract

“There is a compelling argument that the occurrence of regressive autism is attributable to genetic and chromosomal abnormalities, arising from the overuse of vaccines, which subsequently affects the stability and function of the autonomic nervous system and physiological systems. That sense perception is linked to the autonomic nervous system and the function of the physiological systems enables us to examine the significance of autistic symptoms from a systemic perspective. Failure of the excretory system influences elimination of heavy metals and facilitates their accumulation and subsequent manifestation as neurotoxins: the long-term consequences of which would lead to neurodegeneration, cognitive and developmental problems. It may also influence regulation of neural hyperthermia. This article explores the issues and concludes that sensory dysfunction and systemic failure, manifested as autism, is the inevitable consequence arising from subtle DNA alteration and consequently from the overuse of vaccines.”

Link

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3364648/>

References

Ewing GE. What is regressive autism and why does it occur? Is it the consequence of multi-systemic dysfunction affecting the elimination of heavy metals and the ability to regulate neural temperature? *North American Journal of Medical Sciences*. 2009;1(2):28-47.