Impact of environmental factors on the prevalence of autistic disorder after 1979

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BACKGROUND FROM DAN MURPHY

It is not my intention to be morally judgmental. It is to inform:

If one types in the words "Where do human fetal cells in vaccines come from?" into an internet search engine, one will immediately find an overwhelming number of articles on the topic. After reading a dozen or so of them, one will discover that they mostly give the same answer and history. Portions of a few samples follow:

The Children's Hospital of Philadelphia
Hot Topics: Fetal Tissues
Do vaccines contain fetal tissues?

"Varicella (chickenpox), rubella, hepatitis A, shingles and one preparation of rabies vaccine are all made in fetal embryo fibroblast cells. These cells were first obtained from elective termination of two pregnancies in the early 1960s. These same embryonic cells obtained from the early 1960s have continued to grow in the laboratory and are used to make vaccines today. No further sources of fetal cells are needed to make these vaccines."

Viruses need cells to grow and tend to grow better in cells from humans than animals cells. When scientists studied viruses in the lab, they found that the best cells to use were the fetal cells.

National Network for Immunization Information
Human Fetal Links with Some Vaccines
June 3, 2008

"Some vaccines are grown in cell cultures that were originally obtained from two human fetuses. In addition, the rubella virus used to make rubella vaccine was isolated from a third human fetus."

"Viruses cannot reproduce on their own." "The growth of viruses requires living cells." "They require a living host in which to grow, such as chicken embryos, and cells from animals that are grown in culture."

"Varicella (chickenpox) virus does not grow well in most cells derived from species other than humans. Also, human cells are preferred because cells derived from animal organs sometimes may carry animal viruses that could harm people."

"Human diploid cells are batches of human cells that are grown in a laboratory."

"Certain diploid cell strains are valuable in vaccine manufacture because these cells can be used for a very long period of time in the laboratory and are a reliable means by which many viruses that infect humans can be successfully and easily grown."

"Two different strains of human diploid cell cultures made from fetuses have been used extensively for vaccine production for decades. One was developed in the United States in 1961 (called WI-38) and the other in the United Kingdom in 1966 (called MRC-5)." "WI-38 came from lung cells from a female fetus of 3-months gestation and MRC-5 was developed from lung cells from a 14-week-old male fetus."

"The WI-38 and MRC-5 cell cultures have been used to prepare hundreds of millions of doses of vaccines, preventing millions of cases of **rubella**, **hepatitis A**, **varicella** and **rabies**."

Development Of Vaccines From Aborted Babies
Jessica Farnsworth, M.D., May 2011

"In the 1960s, Dr. Leonard Hayflick at the Wistar Institute located in Philadelphia, Pennsylvania began working with aborted babies in an attempt to obtain human cell strains that would provide a culture medium for the growth of viruses. These viruses, grown in the human cell culture (also called human diploid cell cultures), could then be used to make vaccines to protect against various illnesses such as polio and rubella."

"Cell strains from fetal organs can multiply many times and provide a cell source for many decades, serving as an ideal culture medium due to their longevity. One aborted baby can be the source of a cell strain with a potential yield of about 20 million metric tons of cells, which can be stored frozen for many years. The availability of aborted babies also presents an economic advantage over animal sources of cell cultures such as monkey, chicken, duck, dog, or rabbit, since animals must be housed, fed, maintained, and bred."

"The intent of the researcher was to use the aborted babies for development of vaccines. The aborting parents were screened for health and their baby chosen for research material. The need for fresh fetal tissue dictated that the abortion be pre-arranged between abortionist and researcher."

"In 1962, Dr. Hayflick successfully developed a cell line from the lungs of an aborted female 3-month old fetus." "This cell line was named WI-38, for Wistar Institute and the 38th fetal sample used in this research." "WI-38 cells are used extensively to this day by several pharmaceutical companies in vaccine production."

"In 1966, the Medical Research Council in Britain developed another cell line from another baby, this time from the lungs of a male 14-week old fetus removed for 'psychiatric' reasons from a 27 year old woman." "This cell line was named MRC-5. It is used extensively in current vaccine production."

Several other tissue fetal lines have been similarly developed, in 1975, 1985, and 1995.

Vaccines in current use which were made from these fetal cell lines include the following:
Chickenpox vaccine
Rubella vaccine
Hepatitis A vaccine
The polio portion of Pentacel (a combination shot for DTaP +Polio+ HiB)
Rabies vaccine
Smallpox vaccine
Shingles vaccine.

"Because these vaccines are from viruses grown in human fetal cells, the vaccines contain fetal DNA and other fetal cellular proteins. This means that each time an individual is immunized with one of these vaccines, they receive a portion of the aborted baby's cell contents from the cell lines used for these vaccines."

KEY POINTS FROM DAN MURPHY

1) "Autistic disorder (AD) is a subset of the Autism Spectrum Disorders (ASDs), a group of developmental disabilities that have reached epidemic levels."

2) "The Centers for Disease Control released a study in 2013 estimating US ASD prevalence at 1 in 50 children aged 6 to 17 in 2011 to 2012."

3) "In addition to ASD, there are also apparent epidemic levels of other early onset neuro-developmental (ND) syndromes such as childhood onset schizophrenia and bipolar disorder."

4) "Regardless of the cause(s), diagnoses of autistic disorder have risen dramatically, adding a significant public health burden and therefore demanding critical assessment of environmental triggers that may be responsible for this apparent epidemic."

5) The aim of this study was to investigate a universal environmental factor as related to the prevalence of autistic disorder (AD): human fetal and retroviral contaminants in childhood vaccines. "This study is the first laboratory and ecological study conducted to date that has examined the question of a relationship between human fetal cell line manufactured vaccines and autism."

6) Human fetal and retroviral contaminants in childhood vaccines were absent prior to change points (CPs) in prevalence.

7) Human fetal and retroviral contaminants in childhood vaccines show both a dose-effect with the prevalence of autism, and has "known pathologic mechanisms of action."

8) The design of this study was a worldwide population based cohort study, using the United States, Western Australia, United Kingdom and Denmark. The authors assessed all live born infants who later developed autistic disorder, delivered after January 1970, through publicly available databases.

9) The change points in autism prevalence in the assessed countries "corresponded to introduction of or increased doses of human fetal cell line-manufactured vaccines."

10) No relationship was found between paternal age and autism prevalence. No relationship was found between Diagnostic and Statistical Manual (DSM) revisions (ie, a change in diagnostic criteria) and autism prevalence. "Increased paternal age and DSM revisions were not related to rising autistic disorder prevalence."

11) "Linear regression revealed that Varicella and Hepatitis A immunization coverage was significantly correlated to autistic disorder cases."

12) "Autistic disorder change points years are coincident with introduction of vaccines manufactured using human fetal cell lines, containing fetal and retroviral contaminants, into childhood vaccine regimens. This pattern was repeated in the US, UK, Western Australia and Denmark."

13) "Thus, rising autistic disorder prevalence is directly related to vaccines manufactured utilizing human fetal cells."

14) These authors did an extensive assessment to determine whether Diagnostic and Statistical Manual [for mental disorders] (DSM I-1952, II-1968, III-1980, IV-1994, IV-TR-2000) revisions were related to an increased prevalence of autistic disorder. They concluded "DSM revisions are unlikely to be the primary trigger for increased autistic disorder prevalence." "DSM revision printing schedules do not correlate with calculated autistic disorder change points and cannot be the primary environmental or sociological trigger responsible for current autistic disorder prevalence."

15) An analysis of paternal age as related to the prevalence of autistic disorder "did not reveal a relationship."

16) Autistic disorder rose conspicuously around 1988 to 1989. This autistic disorder change point followed a switch from animal cell line to human fetal cell line manufacture of MMR vaccine in October 1988. This was noted in both the UK and Denmark. **[Important]**

17) "The US 1980 to 1981 autistic disorder change point followed the January 1979 approval of Meruvaxll® and MMRII®, which are manufactured in the human fetal cell line WI-38."

18) "In 1979, coincident with the first autism disorder change point, vaccine manufacturing changes introduced human fetal DNA fragments and retroviral contaminants into childhood vaccines."

19) "Human fetal DNA fragments are inducers of autoimmune reactions, while both DNA fragments and retroviruses are known to potentiate genomic insertions and mutations."

20) "Infants and children are almost universally exposed to these additional vaccine components/contaminants, and these converging events are associated with rising autistic disorder in a dose-dependent fashion due to the increasing numbers of human fetal manufactured vaccines which have been added to the US immunization guidelines."

21) "Vaccines that have been cultured on or manufactured using the WI-38 fetal cell line such as Meruvaxll®, MMRII®, Varivax®, Havrix® and Pentacel® are additionally contaminated with fragments of human endogenous retrovirus HERVK. Recent evidence has shown that human endogenous retroviral transcripts are elevated in the brains of patients with schizophrenia or bipolar disorder, in peripheral blood mononuclear leukocytes of patients with autism spectrum as well as associated with several autoimmune diseases."

22) "Manufacture of childhood vaccines in human fetal cell lines, with its associated retroviral and human DNA fragment contaminants, fulfills all of the necessary requirements as a primary trigger for the ND disease autistic disorder. The contaminants were not present prior to the first US autistic disorder change point, they have continued to increase the environment with additional human fetal vaccine approvals and doses, and they have clinically documented adverse immunologic and mutagenic side effects."

23) "The strong ecological association between human fetal cell line-manufactured vaccines and autistic disorder change points calls for further investigation of these childhood vaccine contaminants, and for the sake of preserving critical vaccination coverage, even a return to animal-based manufacturing."

24) Diagnosis [of autism] at younger age may more likely be the result of introducing human fetal cell vaccine contaminates to younger children. "With the 2008 US approval of Pentacel® for children at 2, 4, and 6 months of age, we may be seeing age of onset of regressive autism decrease dramatically."
[autism is being diagnosed at earlier and earlier ages]

25) "This overlooked potential trigger for the worldwide autism disorder epidemic demands additional studies in order to assure the safe manufacture of routine recommended childhood vaccines, particularly since reverting to animal based manufacturing methods is readily available."

26) "Vaccinations have done tremendous good in the world; however, further investigation of fetal manufactured-vaccine contaminants as an environmental contributor to the current autistic disorder epidemic is called for."

COMMENT FROM DAN MURPHY:

This is the second article we have reviewed suggesting that vaccines cultured in human fetal cells increase the prevalence of autism. The first was:

Article Review 10-12:
Theoretical aspects of autism: Causes—A Review
Journal of Immunotoxicology, 2011

1) "The rubella component of MMR II was propagated in a human cell line derived from embryonic lung tissue. The MMR II vaccine is contaminated with human DNA from the cell line. This human DNA could be the cause of the spikes in incidence."

2) "An additional increased spike in incidence of autism occurred in 1995 when the chicken pox vaccine was grown in human fetal tissue."

3) The human DNA from the vaccine can be randomly inserted into the recipient's genes. This insertion occurs primarily on the X chromosome in genes involved in nerve cell synapse formation, central nervous system development, and mitochondrial function, accounting for autism primarily in boys. These data "support the hypothesis that residual human DNA in some vaccines might cause autism."

4) "The incidence and prevalence data indicate the timing of introduction of vaccines and changes in the type and increasing number of vaccines given at one time implicate vaccines as a cause of autism."