

Association Between Thimerosal-Containing Vaccine and Autism in Denmark



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JAMA 2003; 290(13):1763-1766.

■ Funding,

Danish National Research Foundation

Danish Medical Research Council

■ Employment,

Department of Epidemiology Research, State Serum Institute,

- State owned

- Control and prevention of infectious diseases

- Research, surveillance, diagnostics, and vaccine manufacturing (law-regulated obligation , non-profit)

Introduction

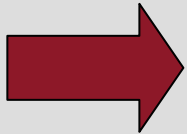


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Objective

An association between thimerosal-containing vaccines and autism ?

More cases of autism among children vaccinated with thimerosal-containing vaccine ?



A **population-based cohort study** of all children **born in Denmark** **from January 1, 1990 – December 31, 1996** with individual-level longitudinal information on vaccinations and autism diagnosis and **prospective follow-up from January 1, 1990 – December 31, 2000.**

Cohort Construction



Danish Civil Registration System
All children born in Denmark
Jan 1, 1990 – Dec 31, 1996

EXPOSURE



OUTCOME

Vaccination Database
Childhood vaccinations Jan 1990 –



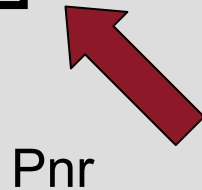
Cohort
N = 467 450



Danish Psychiatric Central Registry
Autistic Spectrum Disorders

Danish Medical Birth Registry

Birth weight
Gestational age
Apgar 5 score



Danish Civil Registration System

Sex
Place of birth
Mothers age at birth
Mothers country of birth

National Hospital Discharge Registry

Tuberous sclerosis
Angelman syndrome
Fragile X
Congenital rubella

Vaccination database



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Danish childhood vaccination program

- Voluntary
- Free of charge to the vaccinees
- Administered by general practitioners
- GP's are reimbursed when reporting vaccinations to the National Board of Health

National Board of Health

Vaccination reports
Jan 1, 1990 -



Construction



Individual-level
history of
vaccinations

Vaccination database,
Jan 1, 1990 -
Dept. Epidemiology Research

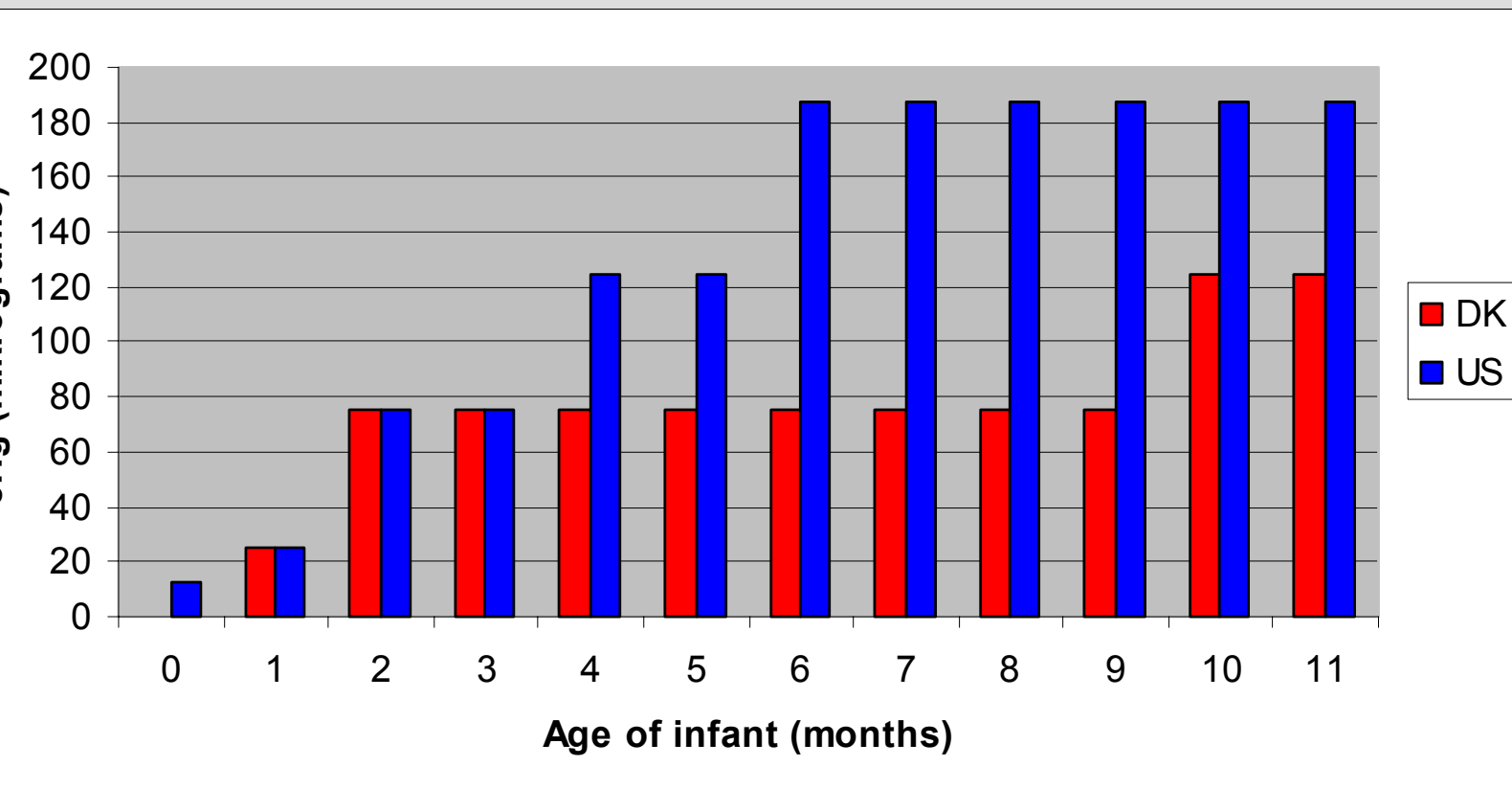
Pnr, Type of vaccine, Dose, Date of vaccination

Thimerosal in the Danish schedule



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Jan 1, 1970 – May 31, 1992 : Whole-cell pertussis (1 dose ~ 50 µg thimerosal ~ 25 µg ethylmercury), ½ dose at 5 weeks, 1 dose at 9 weeks, and 1 dose at 10 months.



Total amount of ethylmercury received through vaccination in the Danish schedule and in the US schedule

Determining Thimerosal exposure



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Cohort

All children born in Denmark
Jan 1, 1990 – Dec 31, 1996

N = 467 450

Unvaccinated (no wcP)



N = 20 755 (4.4%)

Thimerosal-containing wcP
(At least 1 dose)

N = 138 953 (29.7%)

Thimerosal-free wcP

At least 1 dose and
no thimerosal-
containing doses)

N = 307 742 (65.9%)

January 1,
1990

June 1,
1992

Study period

December
31, 1996

December
31, 2000

Autism diagnoses



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Danish Psychiatric Central Register

Nationwide passive administrative registry recording contacts to psychiatric departments.

Changes in the recording throughout the study period

- 1990 – 1993 : Outpatients, ICD-8
- 1994 : Outpatients, ICD-10
- 1995 – 2001 : Inpatients and outpatients, ICD-10

All cases ascertained using ICD-10

Cases identified during 1990 – 1993 under ICD-8 were included if they were registered with the appropriate ICD-10 code 1994 -

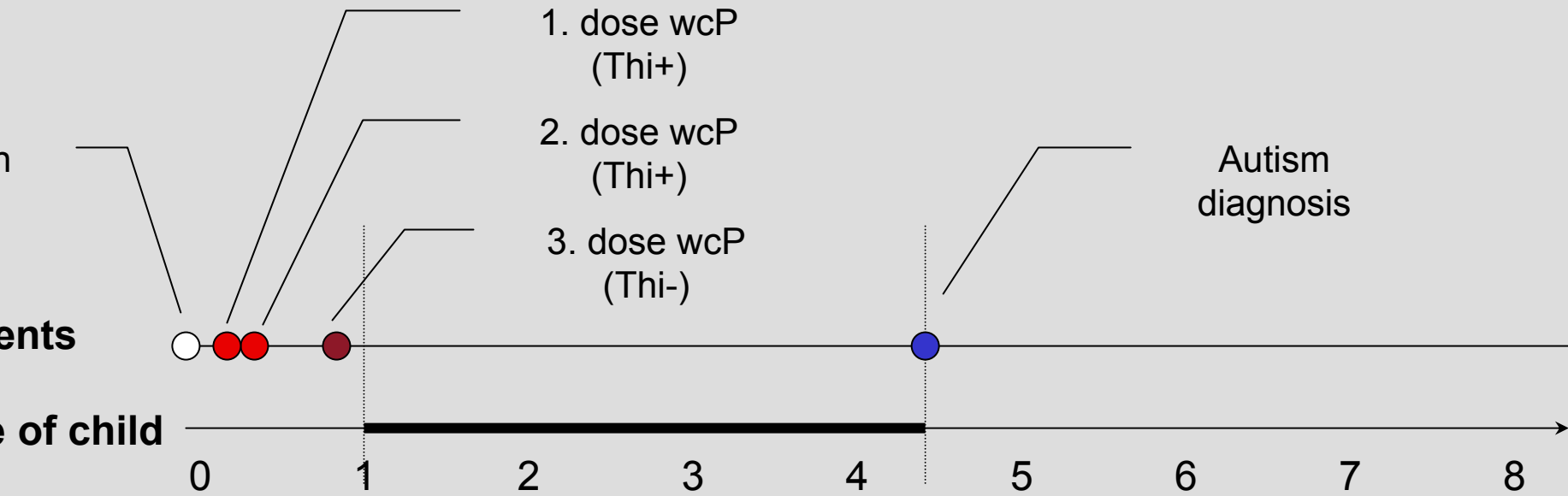
Diagnostic codes used

	ICD-8	ICD-10
Autism	(299.00)	F84.0
Other Autistic- Spectrum Disorders	(299.01 – 299.05, 299.09)	F84.1- F84.9

Methods



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Autism	Cases	Person-years at risk
Unvaccinated		
Thi-		
Thi+		
1.dose		
2.dose	1	3½
3.dose		

Poisson regression

Autism	Rate ratio	95% CI
Unvaccinated		
Thi-	1	Referent
Thi+		
1.dose		
2.dose		
3.dose		

Results – Thimerosal and Autism



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	Person-years at risk	Number of cases	Rate ratio (95% CI) RR	RR
Vaccination				
Thimerosal-free	1,660,159	303	1 Referent	1
Thimerosal-containing	1,220,006	104	0.85 (0.60-1.20)	0.85
Doses of thimerosal-containing vaccine				
No doses	1,660,159	303	1 Referent	1
One dose (25 µg eHg)	169.920	18	0.99 (0.59-1.68)	1.01
Two doses (75 µg eHg)	447.973	33	0.71 (0.46-1.09)	0.70
Three doses (125 µg eHg)	602.113	53	0.96 (0.63-1.46)	0.96
Trend (increase in RR per 25 µg eHg)			0.98 (0.90-1.06)	0.98

Adjusted for
confounders

Fully adjusted

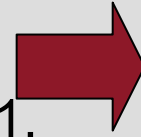
Results – Robustness



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Misclassification of thimerosal exposure

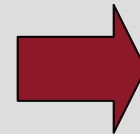
Excluding children vaccinated from June 1, 1992, through December 31, 1992.



Autism
RR, 0.87, 95% CI (0.61-1.23)

”Skewed” cohort and homogeneity

Restricting the cohort to children born 1991-1993.



Autism
RR, 0.86, 95% CI (0.53-1.39)

Results – Association in subgroups



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Autism

Risk factors

	RR 95% CI	RR 95% CI
Birth weight		
< 2500 g	1.71 (1.06-2.76)	1.10 (0.47-2.57)
2500-2999 g	1.14 (0.82-1.59)	0.63 (0.28-1.42)
3000-3499 g	1 Referent	1.00 (0.61-1.65)
3500-3999 g	1.02 (0.79-1.32)	0.97 (0.59-1.60)
>= 4000 g	1.28 (0.96-1.72)	0.77 (0.41-1.45)
Gestational age		
< 37 weeks	0.93 (0.59-1.47)	0.85 (0.28-2.63)
37 - 41 weeks	1 Referent	0.95 (0.66-1.38)
>=42 weeks	0.82 (0.56-1.21)	0.68 (0.26-1.74)
Sex		
Girl	1 Referent	0.93 (0.53-1.64)
Boy	4.05 (3.19-5.15)	0.83 (0.58-1.20)

Thimerosal
effect in
subgroups

RR, **0.85**
(0.60-1.20)

(Not published)

Study strengths and weaknesses



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Strengths

- Large (Autism, 440 cases, Other Autistic-Spectrum Disorder, 787 cases)
- Nationwide, population-based
- All data used were collected independently and prospectively
- A comparison of children vaccinated with thimerosal-containing vaccine with children vaccinated with a thimerosal-free formulation of the same vaccine

Weaknesses

- Date of diagnosis instead of date of "onset of symptoms"
- No clinical information on the cases

Conclusion



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Our results are not compatible with the hypothesis of a causal association between thimerosal-containing vaccine and autism (or other autistic-spectrum disorder).

Acknowledgments



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