Vaxxed and CDC Whistleblower

Dorit R. Reiss
Conflict of Interest Statement:

• The family owns stock (regular) in GSK.
Vaxxed’s three parts

- CDC Whistleblower
- Vaccines cause autism
- Vaccines’ oversight lacking
CDC Whistleblower Makes Official Statement: Admits CDC Hid Vaccine Link to Autism

Source: dcclothesline.com  Aug 28, 2014
CDC Whistleblower: The Actors

- Brian Hooker: Biochemical Engineer, believes his son’s autism caused by vaccine, VICP claim rejected.

- Andrew Wakefield: Disgraced ex-scientist with history of misrepresentations on MMR and autism.

- William Thompson: senior scientist in CDC, author or co-author on several vaccine safety studies, psychologist by training.
CDC Whistleblower: The claims

• Two alleged results hidden:
  – MMR causes autism in African-Americans
  – MMR causes autism in those with “isolated autism”

• Two claims of wrongdoing:
  – Deviation from analysis Plan
  – Data/documents destroyed to hide wrongdoing.

• None hold up to scrutiny.
ISOLATED AUTISM
The claim:

– Paper omitted a result for isolated autism.

– Isolated autism=children who were not exhibiting problems earlier:
  “children of all races who were developmentally normal to age 12 months (‘isolated’ autism)...”

Correction A:

- Isolated autism result reported in paper – and disappeared in adjusted results.

### TABLE 4. Associations Between Age at First MMR Vaccination and Autism Case Status Within Selected Clinical Subgroups of Cases for the Total Sample and the Birth Certificate Sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Case Subgroup</th>
<th>Cases</th>
<th>&lt;18 Months, OR (95% CI)</th>
<th>&lt;24 Months, OR (95% CI)</th>
<th>&lt;36 Months, OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sample</td>
<td>No preexisting conditions &lt;1 y‡</td>
<td>390</td>
<td>1.07 (0.83–1.39)</td>
<td>1.14 (0.82–1.59)</td>
<td>1.51 (0.96–2.37)</td>
</tr>
<tr>
<td>Unadjusted analyses*</td>
<td>Regression or plateau</td>
<td>80</td>
<td>1.37 (0.78–2.41)</td>
<td>1.30 (0.64–2.66)</td>
<td>1.45 (0.54–3.93)</td>
</tr>
<tr>
<td></td>
<td>With MR§</td>
<td>376</td>
<td>1.06 (0.82–1.38)</td>
<td>1.09 (0.79–1.51)</td>
<td>1.21 (0.79–1.84)</td>
</tr>
<tr>
<td></td>
<td>Without MR</td>
<td>248</td>
<td>1.23 (0.87–1.73)</td>
<td>1.46 (0.93–2.30)</td>
<td>2.45 (1.20–5.00)</td>
</tr>
<tr>
<td></td>
<td>No Preexisting Conditions &lt;1 y‡</td>
<td>187</td>
<td>1.05 (0.68–1.61)</td>
<td>1.02 (0.56–1.86)</td>
<td>1.82 (0.77–4.31)</td>
</tr>
<tr>
<td>Birth certificate sample</td>
<td>Regression or Plateau</td>
<td>31</td>
<td>0.83 (0.23–3.09)</td>
<td>0.41 (0.07–2.29)</td>
<td>0.69 (0.14–3.30)</td>
</tr>
<tr>
<td>Adjusted analyses†</td>
<td>With MR§</td>
<td>179</td>
<td>1.13 (0.72–1.79)</td>
<td>0.96 (0.54–1.71)</td>
<td>0.82 (0.38–1.79)</td>
</tr>
<tr>
<td></td>
<td>Without MR</td>
<td>132</td>
<td>0.68 (0.40–1.16)</td>
<td>1.02 (0.47–2.22)</td>
<td>3.55 (0.74–17.07)</td>
</tr>
</tbody>
</table>

* Conditional logistic regression model stratified by the matching variables (age, gender, school).
† Conditional logistic regression model stratified by the matching variables (age, gender, school) and adjusted for birth weight, multiple gestation, maternal age, and maternal education.
‡ Includes children without any indication of developmental delay at <12 months, a major defect, co-occurring developmental disability, or a major perinatal or postnatal insult.
§ Defined as an IQ of ≤70 on the most recent psychometric test.
Correction B:

- Isolated autism ≠ children who had no problem before 12 months.

1. Age 1st Concern
2. Pre-con
3. Delay < 1 - motor, language delay, or parental
4. Pre-existing condition is currently at
5. - Tanya will fix
6. Regression/plateau - not frequent enough
Correction B:

- Isolated autism≠ children who had no problem before 12 months.

<table>
<thead>
<tr>
<th></th>
<th>Isolated</th>
<th>MMR &lt; 18</th>
<th>MMR &lt; 36</th>
<th>MMR Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>229</td>
<td>1.21</td>
<td>0.84</td>
<td>1.73</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR Categories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 11 mo</td>
<td>1.27</td>
<td>0.24</td>
<td>6.81</td>
<td></td>
</tr>
<tr>
<td>12 - 15 mo</td>
<td>2.77</td>
<td>1.28</td>
<td>5.99</td>
<td></td>
</tr>
<tr>
<td>16 - 18 mo</td>
<td>2.28</td>
<td>1.02</td>
<td>5.09</td>
<td></td>
</tr>
<tr>
<td>19 - 23 mo</td>
<td>1.83</td>
<td>0.72</td>
<td>4.67</td>
<td></td>
</tr>
<tr>
<td>24 - 35 mo</td>
<td>2.59</td>
<td>0.88</td>
<td>6.82</td>
<td></td>
</tr>
<tr>
<td>36+ mo</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Non-Delayed</th>
<th>MMR &lt; 18</th>
<th>MMR &lt; 36</th>
<th>MMR Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>443</td>
<td>1.22</td>
<td>0.96</td>
<td>1.56</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR Categories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 11 mo</td>
<td>1.29</td>
<td>0.48</td>
<td>3.46</td>
<td></td>
</tr>
<tr>
<td>12 - 15 mo</td>
<td>1.83</td>
<td>1.17</td>
<td>2.85</td>
<td></td>
</tr>
<tr>
<td>16 - 18 mo</td>
<td>1.54</td>
<td>0.97</td>
<td>2.47</td>
<td></td>
</tr>
<tr>
<td>19 - 23 mo</td>
<td>1.41</td>
<td>0.82</td>
<td>2.43</td>
<td></td>
</tr>
<tr>
<td>24 - 35 mo</td>
<td>1.71</td>
<td>0.96</td>
<td>3.04</td>
<td></td>
</tr>
<tr>
<td>36+ mo</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
</tbody>
</table>
AFRICAN AMERICAN MALES
The claim:

- Initial results showed statistically significant link MMR/Autism in full sample group of African Americans.
The claim:

- This result was replicated by a published analysis by Hooker.

### Table 2

Fisher’s exact analysis for African American children only

<table>
<thead>
<tr>
<th>Age cut-off</th>
<th>Total cohort</th>
<th>Males only</th>
<th>Females only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relative risk</td>
<td>95% CI</td>
<td>p-value</td>
</tr>
<tr>
<td>18 months</td>
<td>1.24</td>
<td>0.90-1.70</td>
<td>0.184</td>
</tr>
<tr>
<td>24 months</td>
<td>1.47</td>
<td>0.99-2.19</td>
<td>0.0562</td>
</tr>
<tr>
<td>36 months</td>
<td>2.30*</td>
<td>1.25-4.22</td>
<td>0.0060</td>
</tr>
</tbody>
</table>

- Note: Hooker’s analysis was retracted. Movie doesn’t say that.
Correction A: Thompson

- Initial association appears spurious:
  - No biological basis
  - African Americans generally receive lower rates of autism diagnosis than Caucasians.
  - Disappeared in birth certificate model that allowed controlling for confounders.
- **Explanation**: result of enrollment in early intervention plans that require MMR.
Correction B: Hooker

• Results significant only in African American males that got MMR late.
• Numbers supporting result very small.
• Wrong statistical tool.
• No controlling for confounders.
• Retracted: Non-disclosure of COIs and bad methods.
Even if issues ignored -

Honda et al, Japan, 2005, over 300,000 children

Madsen et al, Denmark, 2002, 537,303 children

Destefano et al, 2004, 2448

Fombonee et al, Canada, 2006, 27,749 children

Mäkelä et al, Finland, 2002, 535,544 children

Jain et al, United States, 2016, 95,727 children

Wrongdoing 1:

DEVIATION FROM ANALYSIS PLAN
The claim:

- To hide result linking early MMR to autism in African Americans, authors deviated from analysis plan, by only publishing analysis for birth certificate group.
Analysis Plan, April 2001

DRAFT
Autism and Childhood MMR Vaccine
Analysis Plan

April 3, 2001

Introduction

Autism is a serious life-long developmental disorder characterized by marked impairments in social interactions, and communication skills; and repetitive, restrictive, or stereotyped behaviors. A recent review of studies conducted since 1985, shows an estimate of the prevalence to be 1-1.4 per 1,000 for classic autism, and possibly as high as 4-5 per 1,000 for all autism spectrum disorders (ASD) combined (1,4). While these rates are 3-4 times higher than rates found in studies conducted 15-20 years ago (1), there are several recent studies, including a study done by Baird et al. (2000) and an investigation in Brick Township NJ, which suggested that the rate of autism may be higher still with rates of 3.1 per 1,000 and 4 per 1,000, respectively (CDC,
We will use conditional logistic regression stratified by matched sets to estimate the odds ratios for the association between age at MMR vaccination and autism. In the main analyses, we will include all ASD cases. The factors that will be examined in the analyses will be race, age of MMR vaccination, thimerosal exposure (DTP and hepatitis B), weight adjusted thimerosal exposure, and number of vaccines received.

Each of the above variables will be individually evaluated for their association with the ASD case definition. Those with an odds ratio p-value ≤ 0.20 will be included as covariates in a conditional logistic regression model to estimate adjusted odds ratio for the association between age at vaccination and ASD.

For the children born in Georgia for whom we have birth certificate data, we will perform several sub-analyses similar to the main analysis, and will included several additional potentially confounding variables. The variables that will be evaluated will include:

- Birth weight (< 1500, 1500 - 2499, 2500+)
- Gestational age (< 32, 32 - 36, 37+)
- Birth type (singleton, twin, triplet)
- Birth order (1, 2, 3 or higher)
- APGAR scores (1 and 5 minutes)
Comments Analysis

Plan:

• According to Thompson’s statement, analysis of race started September 2001 at the earliest.

• Analysis plan: April 2001.

• Should authors have included and explained results for full sample, after seeing?
  – Maybe.
  – Professional disagreement ≠ fraud.
Wrongdoing 2:

DATA/DOCUMENTS DESTROYED TO HIDE WRONGDOING
The claim:

- Authors got together and threw documents/data in trashcan.

16. Sometime soon after the meeting where we decided to exclude reporting any RACE effects, also between August 2002 and September 2002, the coauthors scheduled a meeting to destroy documents related to the study. Dr. Coleen Boyle was not present at the meeting even though she was involved in scheduling that meeting. The remaining 4 coauthors all met and brought a big garbage can into the meeting room and reviewed and went through all our hard copy documents that we thought we should discard and put them in the large garbage can. However, because I assumed this was illegal and would violate both FOIA laws and DOJ requests, I kept hard copies of all my documents in my office and I retained all the associated computer files. This included all the Word files (agendas and manuscript drafts), Excel files with analysis and results, and SAS files that I used to generate the statistical findings. I also kept all my written notes from meetings. All the associated MMR-Autism Study computer files have
Correction I:

- Data not destroyed:
  - Used by Hooker for reanalysis.
  - Available for qualified researchers under conditions:

Correction II:

- Thompson claimed he kept original documents & provided them.

- Provided documents don’t show wrongdoing.

- If duplicates of meeting notes, etc., trashed, that’s not wrongdoing.
Conclusion:

A. No good evidence of anything that needed to be hidden.
B. No good evidence of wrongdoing.
C. Numerous studies on MMR and autism: lack of link demonstrated even without this study.
Vaccines Cause Autism
Claim Based on:

- CDC Whistleblower claims.
- Parental Testimony.
- Claims from:
  - Doreen Granpeesheh
  - Stephanie Seneff
### Parental Testimony by the numbers:

https://thelogicofscience.com/2016/06/28/why-are-there-so-many-reports-of-autism-following-vaccination-a-mathematical-

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children born in the US each year</td>
<td>3,988,000</td>
<td></td>
</tr>
<tr>
<td>2. Vaccinated children per annual cohort</td>
<td>3,589,200</td>
<td></td>
</tr>
<tr>
<td>3. Vaccinated children with autism</td>
<td>52,782</td>
<td></td>
</tr>
<tr>
<td>4. Vaccinated children for whom parents</td>
<td>42,226</td>
<td></td>
</tr>
<tr>
<td>5. Days between age 6-24 months</td>
<td>548</td>
<td></td>
</tr>
<tr>
<td>6. Vaccinated children who start showing</td>
<td>77</td>
<td></td>
</tr>
</tbody>
</table>

Children receive vaccines on at least 2 days between age 6-24 months. Therefore, **even if vaccines do not cause autism**, each year we still expect parents to first notice the signs of autism in **154** children within 24 hours of being vaccinated, **1,079** within 1 week, and **4,623** within 30 days. In other words, there should be lots of cases where autism follows vaccination **just by chance!**

[thelogicofscience.com](https://thelogicofscience.com)
Recollection issues:

- **Brian Hooker: Case Dismissed at Vaccine Injury Compensation Program** –
  - Claim: Child suddenly regressed.
  - Medical records show:
    - Child had developmental problems from infancy.
    - No indication of sudden regression during the time period it allegedly occurred.
Vaccine Oversight Lacking
The claims:

- Vaccines are not as thoroughly tested as other products:
  - No placebo-based testing.
  - No testing with the rest of the schedule.

- Liability protections = no accountability.
Vaccine testing:

- Placebo-based for modern vaccines.
- Tested with schedule.
- Extensive testing before & monitoring after.
Accountability:

• Liability protections not absolute.

• Liability protections≠no accountability: heavy regulation and monitoring.

• Liability protection part of compromise that makes compensation easier.
Vaxxed’s Omissions:

- Additional MMR/Autism studies.
- Retraction of both Hooker and Wakefield’s papers.
- Changes in diagnostic criteria for autism.
- MMR Wakefield discusses never used in United States.
- Children in Wakefield’s study recruited through litigant group.
Thank you!

Questions? Comments?

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415-565-4844