

Autism : Is There a Vaccine Connection?: Part 3 Vaccination Around Pregnancy, The Sequel

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F. Edward [Yazbak](#), MD, FAAP. [Part 1.](#) [Part 2.](#)

Two studies, published in late December 1999, described the very high incidence of autism in children whose mothers had received live virus vaccines in the postpartum period (1), prior to conception and during pregnancy. (2)

In the following weeks, twenty two more mothers reported having been vaccinated in those same periods. Every one of them (100%) subsequently had at least one child who developed Autism/PDD.

All three studies clearly demonstrate that the administration of a live virus vaccine booster to a mother, around conception, pregnancy, or delivery, may carry certain risks and merits immediate review.

There is crucial need for large-scale independent investigations of a vaccine-autism connection.

Note: The information on this website is not a substitute for diagnosis and treatment by a qualified, licensed professional.

The Autism Pandemic.

A substantial increase in the incidence of autism has been noted for sometime.

The current Diagnostic and Statistical Manual Fourth Edition (DSM IV) has for years clearly defined the criteria required to make a diagnosis of autism and other autistic spectrum disorders.

In 1999, two works “The Autism Report to the California Legislature” and “Autism 99, A National Emergency” (3, 4) clearly demonstrated an impressive and accelerating increase in Autistic Syndromes (DSM IV) in the last few years.

More recently, it was reported that in California alone, 1,944 new cases of autism (DSM IV) were added to the system between January 1999 and January 2000, a 19% increase in one year, or **6 new cases a day, seven days a week!** (5)

Excluded from these statistics are PDD, PDD-NOS and Asperger's Syndrome. Also excluded are the 15,000 plus children in the Early Start Program who are younger than three years of age. (Using the conservative estimate by the California DDS that each new child with autism added to the system will cost taxpayers \$2 million over a lifetime of care, the 1,944 new children added in 1999 alone are projected to cost taxpayers \$3.8 billion.)

Accelerating increases in autism have also been documented in other states. The argument that these increases are solely due to better detection is not valid because standardized diagnostic criteria have remained unchanged for years.

Denying this true increase in the incidence of autism is therefore callous.

Believing that a parent would accept such a label lightly, or that a school authority would include an unconfirmed case in its program is preposterous.

This autism explosion clearly indicates that research should cease to be limited to genetic causes. It would be wiser and more reasonable to direct funds and efforts to investigate all environmental and antigenic insults that could compound a familial predisposition to immune disease.

This very affected generation of children is unquestionably the most vaccinated yet, and as a group, their parents have also certainly been more extensively vaccinated than any previous parents' group.

The role of vaccines in precipitating autism should therefore become the focus of extensive and unbiased research.

Parents continue to report that gastro-intestinal symptoms (6) promptly follow the administration of the MMR vaccine to children, and that acquired speech and social skills stagnate and then regress after such vaccination.

To investigate what could be predisposing certain children to develop autism around the time of their MMR vaccination, a study was devised to examine the role of their mothers' re-vaccination with live virus vaccines.

The stipulation was that women who failed to develop protective titers to rubella did not do so because the vaccine was defective, but because they themselves had some immune problem, which they transmitted to their children.

As mentioned, two studies were released earlier because of their clinical and medico-legal implications.

The first: [AUTISM : IS THERE A VACCINE CONNECTION? PART I. Vaccination after delivery](#) described mothers who were vaccinated in the postpartum period. Twenty out of twenty five of these mothers (80%) reported having at least one child with autism. (1)

The second study: [Autism : Is There a Vaccine Connection? Part II. Vaccination around Pregnancy](#) reviewed seven situations where the mothers were vaccinated immediately before or during early pregnancy. Six out of those seven mothers (85%) reported having children with autism, and the seventh described in her child many suggestive symptoms of the autistic syndrome. (2)

In the present study, unfortunate outcomes are documented in each case.

Every mother who has received a live virus vaccine has had at least one child develop autism, in connection with or following such a vaccination.

Case Presentations

Case 1: This mother who was born in 1953 delivered her first child in November 1984 and was given a rubella vaccine shortly thereafter. This girl who was not breastfed is normal.

The mother then had three miscarriages before conceiving her second child, a boy who was born 9/8/1987. Again the mother was given a rubella vaccine shortly after delivery, and this time she breastfed her baby for four months.

This boy *“was a happy healthy infant and he began walking around 12 months”*.

He received his first MMR at the age of 29 months. *“ He was approaching three when I became concerned with his inability to produce understandable verbal language”*. A long list of medical and educational diagnoses was exhausted before the diagnosis of autism was confirmed. *“I have always felt there was a strong connection”*.

The third child, a daughter was born on 11/28/1988. Mother was given yet a third postpartum rubella booster and also breastfed this child who now has severe dyslexia, ADHD and learning disabilities.

Case 2: Mother born in 1965 reports that she had been fully immunized and boosted. On 7/30/1992, she delivered a boy and was given an MMR booster within 24 hours.

The child was breastfed and *“developed normally until we saw a slow deterioration after his MMR vaccine at 16 months. He was diagnosed with autism at age 2 ½”*.

He was vaccinated against Hepatitis B in July 1994, October 1994 and June 1996.

A younger brother born 9/19/98 is normal: *“I feel the risk of vaccinating my second child outweigh the benefits. He has not and will not receive any vaccines”*.

Case 3: Mother born 1/24/61 was given a rubella vaccine booster on 4/5/1992 one day

after her son was born. This boy was breastfed for eight months.

He received the Hepatitis B vaccine on 4/4/92, 5/7/92 and 10/12/92.

Mother felt that he started exhibiting autistic symptoms early, but that his first MMR vaccine “*definitely worsened his symptoms*”. “*He was different from other babies, never cried and slept all the time. Wet diapers, heat, cold, even shots didn’t seem to phase him. His senses seemed to have shut down. His immune system is also really weak, he gets sick all the time, and is very thin and pale looking. He was exposed to “strept” a year and a half ago and now has Tourette’s syndrome too*”.

“I believe my rubella vaccine postpartum and nursing contributed to his autism. I wish I could go back in time and refuse to take that rubella vaccine on April 5 1992”

Case 4: This mother who was born in 1960, received a measles vaccine on 3/20/69, and a rubella vaccine on 7/16/1970. In March 1980, she was given a rubella vaccine booster shortly after the birth of her first child, a boy, whom she breastfed for nine months, and who is normal.

The second child a girl born on 8/10/1982 is also normal. Both children have not received hepatitis B vaccinations and did not react to any vaccines.

The mother who is a nurse was given her first dose of Hepatitis B vaccine in May and her second in June 1990. On 7/18/91 she received the third dose plus an MMR booster.

She became pregnant in the fall of 1991, and delivered a boy on 5/4/1992 whom she breastfed for 8 weeks. He did not receive the hepatitis B series.

He cried constantly for five months, and according to his mother developed autistic symptoms very early. He received his first MMR vaccine at 18 months.

“I believe that my son’s autism worsened due to the MMR”.

Case 5: This mother who was born in 1965, received an MMR booster in 1980.

Her first daughter born 12/17/81 is normal and has been vaccinated routinely.

A second daughter was born on 10/24/91 and the mother received an MMR booster in the delivery room. The mother had a respiratory infection with some mucus and did not nurse this child, who was routinely vaccinated.

She was *“a very happy baby, she said ”I love mommy” and “Bye Bye”, she was pointing, knew her colors and some names of animals”*.

At the age of 17 months the girl was given DPT, Polio, HIB and MMR vaccines.

“We started noticing a difference in her speech and hand flapping just two months after her last round of shots. That is a lot of shots on one day”

This girl now has autism.

Case 6: This mother who was born in 1975 received one hepatitis B vaccine in 1996. On 3/18/1998, she delivered her first child, a boy who was given a hepatitis B vaccine in the nursery (without her knowledge). He received his second and third dose in May and November of 1998.

On 3/19/1998 the mother received a rubella vaccine. She nursed her baby for four months, but he had difficulties with breast milk and later with several formulas. *“He had gastro-intestinal symptoms all through the first year of life. Very early he also had no eye contact and disliked being held. His behavioral difficulties became dramatically worse after his MMR vaccine”* which he received with the DTaP and HIB boosters on 4/22/1999.

The child was evaluated and the diagnosis of autism was suggested.

The parents promptly initiated a strict gluten free/casein free (GF/CF) diet and started him on anti-fungal therapy with good results.

Case 7: This mother received an MMR booster in November 1991, 2 days after the birth of her second child, a daughter. She became pregnant again in February of 1992 and went on to deliver a daughter who developed autism.

“Though all of my children have disabilities, the youngest is the most severe”

Case 8: This mother had a normal and healthy first son. While traveling in Thailand, she was bitten by a dog. She was given a tetanus toxoid booster, and started on the rabies vaccine series.

When she discovered that she was pregnant, she decided to stop the rabies vaccines in

spite of her doctor's assurance that they were safe.

Her second child, also a boy, was born in the US and received his first hepatitis B vaccine shortly after birth. He has experienced problems early and has autistic tendencies, some developmental delay and several other medical issues.

Case 9: Mother age 39, received an MMR booster because she was going back to college where there was an outbreak of measles.

She believes that one week later her middle child, was conceived. This boy was born on 9/29/91 without difficulty after a 38 weeks gestation.

The mother started nursing him but developed mastitis 10 days after delivery and was treated with antibiotics. This boy has had developmental difficulties all along. He has an abnormal EEG (Landau Klefner pattern) and has been taking Depakote. He has received all his immunizations on schedule except for the hepatitis B series. He did not seem to have a reaction to the MMR vaccine, and reportedly does not have GI symptoms. He has had recurrent yeast infections.

An older boy, now ten years of age, has ADHD.

A younger sister, age 6, is fine.

Case 10: This mother born in February 1959 has a family history of immune disease. She was routinely vaccinated but "needed" and received a rubella booster shortly after she delivered her first child, a girl, on 11/5/1987.

This girl is developmentally normal and has been routinely vaccinated, including the hepatitis B series at the age of 9.

The mother then had a miscarriage. She subsequently became pregnant and delivered a boy in December 1989. This child has significant speech difficulties and was classified as service eligible by the school special education committee.

He has been routinely vaccinated except for the hepatitis B series.

After a second miscarriage the mother became pregnant again and delivered a boy on September 7, 1992, whom she nursed for 18 months. This boy received a series of hepatitis B vaccines in the first year of life, an MMR at 12 months and a single measles at 61 months. He had severe constipation in infancy. The few words and eye contact he

acquired in the first year of life were lost between 12 and 15 months. The diagnosis of autism was later confirmed.

Case 11: This mother delivered her first child, a girl, on 1/25/1992.

Two days later she was given an MMR vaccine booster "*in case you have more kids*".

The girl who was breastfed, had a reaction to her second DPT with prolonged high pitch cry and fever, but reportedly has developed normally.

In 1995 mother had a miscarriage.

In 1996, she became pregnant again. She had a viral illness in the end of her third month of gestation and felt there was "*something different with the pregnancy after that*". On August 3, 1997 she delivered a boy who is still breastfeeding.

He was "*hypertonic*" at birth and developed several allergies and food sensitivities later. He also had several bouts of ear infections as an infant. At the age of 11 months, he had a very severe case of chicken pox after which he lost language and eye contact. He has been diagnosed with autism. He has shown improvement on a Gluten-free and Casein-free diet.

He has not received any vaccines.

Case 12: This mother's first pregnancy resulted in a daughter who is now 22 years old.

She is in good health and goes to college.

Her second child, a boy, died at the age of three months of SIDS

Her next child a boy was born on 9/21/1979. The following day, the mother received an MMR vaccine. The boy was breastfed for six months and received his first MMR vaccine at 15 months.

By the age of eighteen months, he stopped talking. "*He became withdrawn, refused to be held, and reacted to any change with severe temper tantrums*".

Simultaneously, he also started with prolonged diarrhea.

He has been diagnosed with autism. His chromosomal analysis is normal.

The subsequent children in the family were:

A girl 19, and a boy 17, both with serious learning disabilities.

A boy 15, with Tourette Syndrome, PDD and an IQ of about 100.

A boy 11, with PDD and an IQ of 70

A boy 10, with PDD and an IQ of 50

Lastly a girl who was born in 1991 at 32 weeks gestation.

She weighed 3 lbs, had hypo-plastic left heart syndrome, and only one kidney.

She lived two days.

Family history on both sides was negative for autism and the mother's chromosomal studies were normal.

Case 13: This mother was born in 1966. On 2/15/1997, she delivered a boy and was given an MMR vaccine the following day. The baby received his first hepatitis B vaccine on 2/17/1997 and his second and third on 3/25 and 11/17, 1997. The baby was breastfed for three months. He had severe G-E reflux and constipation. He was switched to Nutramigen and had an endoscopy, and a barium enema. He walked alone before he was one, and was saying a few words. Reportedly, he was developing normally until he received his first MMR at the age of 15 months. Autistic symptoms started between 15 and 18 months. He lost the speech he had acquired, and his behavior and eating habits changed drastically.

Case 14: This mother born in 1963 had measles and mumps as a child.

In 1985, she was given an MMR vaccine because there were cases of rubella in college. On November 24, 1993, she delivered her first child, a normal girl, whom she breastfed.

The following day, she was given a rubella vaccine because her titers were low and "*they wouldn't discharge me without giving me the shot*".

The mother became pregnant again within seven months of the booster, and delivered a boy on 3/24/1995, who was also breastfed (for eight months). He cooed and smiled earlier but appeared to have problems by the time he was nine months old. He has had very poor expressive language and was diagnosed with autism. Family history on both

sides is totally negative for autism.

Case 15: This mother delivered her first son on 2/6/1990. The following day, she received a rubella vaccine. This boy reportedly has an attention deficit disorder.

Her second child a girl is normal.

The mother reports that there were family problems and that she was depressed during her third pregnancy. She experienced some “indigestion” around the third week of gestation that she could relieve by drinking one ounce of beer (a day). This apparently lasted 4 weeks.

She also had an ear infection and was treated with Erythromycin.

At term, she was induced with pitocin. On 4/19/1993 she delivered a boy who was breastfed for a year. He was always severely constipated. He reportedly developed clear autistic symptoms by the age of 18 months before his MMR vaccine.

Case 16: This mother who was born in 1954 received a rubella vaccine in 1985.

Her oldest child, a girl who was born on 3/27/1986, has developed normally and has been immunized.

The mother delivered her second daughter on 2/25/1990. There was “*some delay in taking her first breath due to meconium*” according to the mother.

On 2/26/1990, the mother who was nursing received a rubella vaccine.

On 3/21/90 the mother consulted her physician because “*she was coughing, had red spots all over and itchy arms and hands*”.

The girl has had developmental difficulties all along and has been diagnosed as PDD-NOS.

Case 17: This mother born in 1967 had two uncomplicated pregnancies and two beautiful normal children. During her second pregnancy, her rubella titers were found to be low. Somehow no one noted the results and no booster was administered postpartum.

Two years later, the doctor gave her an MMR vaccine because her earlier shot “*didn't*”

take” and urged her not to become pregnant for three months.

She conceived 4 months later. The pregnancy was *“plagued with several colds”... I had a tachycardia throughout which was not treated with medications*”.

The delivery was uncomplicated but *“it took the baby a minute before crying”*.

The child, a boy, was routinely vaccinated. He always had strong smelling stools and recurrent fungal infections in the first year of life. He received his first MMR at 15 months of age and lost the few words he had acquired.

His autistic symptoms became more evident and he has now been diagnosed with PDD-NOS.

Case 18: This mother, born in 1964, was vaccinated routinely as a child but still came down with all three diseases: measles, rubella and mumps. She was evaluated at the time and found to have some immune problem for which she received injections of gamma globulin.

In 1983, she received an MMR vaccine because there was an outbreak of measles at college. In 1991, 1992 and 1997, she was found to be immune to measles.

She was immune to rubella in January 1991, when she was pregnant with her first boy, who is fine. In October 1992, when she became pregnant with her second boy, she was found to be rubella-susceptible. She delivered on 5/5/1993 and her doctor gave her yet another MMR that same day *“against my will. For what little I knew, if I couldn’t have it while I was pregnant, I didn’t want it if I was going to be nursing. My MD would not discharge me from the hospital without the vaccine first-I was bullied and lost. This guilt I will always carry”*.

This second boy has been diagnosed with autism. On the 4th day of life, *“he curled up into a ball and screamed for 24 hours straight”* (this event may represent the beginning of his GI insult).

The child became severely constipated through the first year of life and has had severe diarrhea since then.

His body temperature has always been below normal, and he actually has had a ruptured appendix and generalized peritonitis without a fever.

A third child, a girl, is normal.

The mother has several markers for Lupus. She received the hepatitis B vaccine series on 9/98, 10/98 and 3/99.

Case 19: This mother, born in 1971 was routinely vaccinated as a child.

She had a miscarriage on 1/6/1993 at 28 weeks gestation.

Four weeks later, she was given an MMR booster because she was rubella-susceptible.

On 3/10/1994, she delivered a boy four weeks prematurely. This boy reportedly has ADHD, motor dyspraxia and sensory integration dysfunction.

Her second boy was born on 7/8/1995. He has been diagnosed with “autistic spectrum disorder”. His symptoms started before he was one.

The last boy was born on 12/22/1996. Like his oldest brother he has been diagnosed with sensory integration dysfunction and dyspraxia, both motor and verbal.

All three boys were breastfed and routinely immunized.

Case 20: This mother who was born in 1963 and who is a juvenile diabetic delivered a boy on 1/6/1998 and breastfed him for a month. On 1/9/1998 she was given an MMR booster.

This boy was in good health in the first year of life. He seemed to develop normally and reportedly had no problems. He was given his MMR vaccine at the age of 15 months.

Autistic symptoms appeared between 15 and 18 months of age, and a diagnosis of autism was confirmed at the age of two.

Three months after her own MMR booster, the mother developed significant swelling and pain in her joints. These symptoms have been recurring regularly.

In the spring of 1999 she had a miscarriage.

Case 21: This mother who delivered her first child, a normal girl, on 9/20/1989 received an MMR vaccine booster the following day.

On 2/8/1995, her second child, a boy, was born. Unlike his older sister, he was given a hepatitis B vaccine in the nursery. He was breastfed for one year, and developed normally

till he received his first MMR vaccine at the age of fifteen months. Autistic symptoms appeared very shortly thereafter, and have been clearly documented by videos. The diagnosis of autism was later confirmed.

This boy's measles and rubella titers remain very elevated. *“Most doctors do not believe this and feel it is just a coincidence, but they did not see their child disappear before their eyes... I truly believe he was predisposed and the MMR set it off”*.

Case 22: This mother who was born in 1957 suffers from scleroderma.

She reports having been routinely vaccinated as a child.

On 2/19/1997, she delivered her first son at full term and she breastfed him.

She was given an MMR booster prior to discharge, and developed a fever and a rash.

The boy appeared bright, verbal and sociable during the first year of life.

At the age of 15 months, he was given his first MMR, and reacted promptly with fever, irritability and loose stools. Shortly thereafter he also lost the speech he had acquired and seemed to withdraw. He now has eczema, persistent diarrhea and sleep difficulties.

He has been diagnosed with “autistic spectrum”.

A maternal aunt has social difficulties that suggest Asperger's Syndrome.

* * * * *

Discussion

The clinical cases of 22 mothers are reported.

- They all received a live virus vaccine around a pregnancy.
- Every one of them has at least one child with autism.

Several mothers who were in good health and had normal children, report that after they were re-vaccinated with MMR or rubella vaccines:

- They experienced health problems.

- They had miscarriages or delivered prematurely.
- They still remained rubella-susceptible.
- Their children developed autism and other disabilities.

Seven mothers received a rubella vaccine in the postpartum period.

In five cases, the child born just before that vaccination developed autism.

In the other two cases, a subsequent child did.

Eleven mothers received the MMR vaccine after delivery. In seven cases, the child whose birth immediately preceded the vaccination developed autism.

In the four other cases, it was a subsequent child who was affected.

In one situation, the boy born just before maternal MMR vaccination and three younger brothers have all been diagnosed with either autism or PDD.

Three mothers received an MMR vaccine from one week to four months prior to conception. In every case the infant developed autistic symptoms early during the first year of life.

One mother received several doses of rabies vaccines just before and after conception. The boy she delivered had early onset autism.

In many instances, the children's autistic manifestations reportedly started or worsened after they received their first MMR vaccine.

In one case, clinical autism started at the age of eleven months after chickenpox.

No mother seems to have been fully informed about the risks of the vaccine she was receiving and several seem to have been badgered into accepting it.

Whether Hepatitis B vaccination in the newborn period is an antigenic insult which increases the risk of developing autism should be thoroughly examined.

All reporting mothers live in the United States.

Conclusions

The administration of live virus vaccines to a mother just before or during early pregnancy is inappropriate.

Postpartum vaccination with MMR or rubella vaccines may not be safe or wise:

§ Possible risks to both mother and child have been demonstrated.

§ Alleged benefits seem to pale in the face of resulting problems.

§ Maternal immunity is not assured.

An antigenic insult from a live virus vaccine may be a factor in the development of the autistic syndromes.

The vaccine authorities should carefully reconsider their former positions that:

§ There is absolutely no autism-vaccine connection.

§ The onset of autism around MMR vaccination is just a coincidence.

It is now up to them to prove that vaccines do not predispose to autism.

Independent large-scale studies should be promptly initiated.

References:

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Some of the above statements may not represent the views of organizations to which I belong.

This study is dedicated to my daughter Kathleen who unfortunately received two MMR boosters as an adult. She has experienced first hand how children develop spectrum diseases after immunization and has taught me a lot about autism. FEY.

E-mail address: < TLAutStudy@aol.com >

[[VaccineWebsite](#)] [[F. Edward Yazbak, MD](#)]