

Thimerosal is Toxic to Pregnancy

"Animal reproduction studies have not been conducted with Influenza Virus Vaccine. It is not known whether Influenza Virus Vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Influenza Virus Vaccine should be given to a pregnant woman only if clearly needed."

Influenza vaccine Fluzone Package Insert 2005-06

From The National Institute of Health (NIH):

"For fetuses, infants and children, the primary health effects of mercury are on neurological development. Even low levels of mercury exposure such as result from mother's consumption of methylmercury in dietary sources can adversely affect the brain and nervous system. Impacts on memory, attention, language and other skills have been found in children exposed to moderate levels in the womb." (note striking similarities to autism, ADHD)

<http://www.nih.gov/od/ors/ds/nomercury/health.htm>

"the number of Rho D immunoglobulin injections received by mothers in the autistic group was significantly higher than the mothers of controls (0.52 versus 0.09; $p < .0000004$). Forty-six percent of the autistic mother received Rho D immunoglobulin injections as compared to 9% of the control mothers." (Rho D contained high levels of thimerosal)

*Reduced Levels of Mercury in First Baby Haircuts of Autistic Children
AS Holmes, 1 MF Blaxill, and BE Haley, International Journal of Toxicology, 22:277-285, 2003*

"the scientific evidence that... thimerosal causes reproductive toxicity is clear and voluminous. Thimerosal dissociates in the body to ethyl mercury. The evidence for its reproductive toxicity includes severe mental retardation or malformations in human offspring who were poisoned when their mothers were exposed to ethyl mercury or thimerosal while pregnant, studies in animals demonstrating developmental toxicity after exposure to either ethyl mercury or thimerosal, and data showing interconversion to other forms of mercury that also clearly cause reproductive toxicity."

Proposition 65, California EPA

"One published teratological study of thimerosal was located in the literature...While there were no teratological effects observed, dose-related embryo and fetal lethality was observed...A comparison of topical and subcutaneous administration of thimerosal to rabbits showed measurable mercury in blood and tissues of the treated animals and their offspring...Thimerosal was found to cross the blood-brain and placenta barriers."

Nomination of Thimerosal to National Toxicology Program, April 2001

From the Vaccine Adverse Event Reporting System, Centers for Disease Control.

VAERS ID	217805	Vaccination Date:	2001-11-20
Age	19.0	Date filed:	2004-03-12
Sex	F	Where Administered:	UNK
State	AK	Purchased by:	UNK

Vaccinations	Manufacturer	Lot	Dose	Route	Site
1 FLU	UNKNOWN MFR	Unknown	0	RA	

Onset Date: 2001-11-22 Days since Vaccination: 2

Symptoms: ABORTION HEADACHE LAB TEST ABNORM NAUSEA PAIN BACK VOMIT WBC ABNORM

Headache, lower back pain, nausea, vomiting, loss of unborn child. Lasted for two weeks; resulted in hospitalization.

One of 11 cases of fetal death following flu vaccine during pregnancy, reported on VAERS as of 12/1/05

Thimerosal is an experimental abortifacient, untested in humans.
It does not belong in any drug given during pregnancy

Thimerosal, Influenza Vaccine and Pregnancy: Key Points

- Manufacturers have had 7 years to expand the U.S. supply of thimerosal-free influenza vaccine, in spite of supporting similar policies in Britain, Scandinavian countries and Russia. Why?
- Influenza Immunization in pregnancy has only recently been recommended for all pregnancies and any trimester. Is this policy supported?
- Influenza has not been shown to be more dangerous or prevalent during pregnancy compared with nonpregnant counterparts.
- The CDC supports its immunization policy although hospitalization rates during pregnancy have been reported in only 1.8/10,000 women.
- No study has ever demonstrated higher maternal deaths or other serious untoward outcomes for deliver or perinatal health in women who become infected during pregnancy.
- Influenza in pregnant women was not more serious or frequent than nonpregnant women during the pandemics of 1918 and 1957.
- There is no improved outcome in vaccinated women vs unvaccinated during pregnancy, even those with asthma.
- No clinical study has ever been performed that assessed safety of influenza vaccination during pregnancy with regards to fetal viability, childhood neurodevelopmental disorders, chronic childhood conditions (asthma, autoimmunity) or affects on future reproductive capacity. This fact is contained within all of the manufacturers package inserts. But...
 1. thimerosal has been shown to cause abortions in animal species
 2. numerous studies have shown other forms of mercury, including methylmercury, cause birth defects and fetal death
 3. thimerosal has been shown experimentally to be toxic to cilia, which could directly impair female and male fertility
 4. the only study that assessed the link of prenatal thimerosal via Rho-D shots and neurodevelopmental disorders showed nearly six times more Rho-D used in mothers of autistic children vs mothers of neurotypical children.
 5. VAERS has shown 11 cases of miscarriage or stillbirth following flu vaccination and six cases of fetal malformation.

Summary: Influenza is not a more frequent or more severe illness during pregnancy and the influenza vaccine has had no impact on health outcomes. The vaccine has not been adequately tested, its preservative implicated in serious adverse complications.

Evidence that Ethylmercury (Thimerosal) is a Reproductive Toxicant **(pertinent to CDC's policy of vaccinating pregnant women)**

Pregnant women and their unborn children continue to receive 25 micrograms of ethylmercury, resulting, on average, in an excess of 200% of the EPA's daily exposure allowance to women. The overdose to the unborn infant could be as high as 25-fold.

"Animal reproduction studies have not been conducted with Influenza Virus Vaccine. It is not known whether Influenza Virus Vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity."

From Fluzone package insert, Aventis

There are no human control studies that look at outcomes when pregnant women receive mercury-containing vaccines; however these animal studies raise serious concern.

Bakulina AV (1968). The effect of a subacute granosan poisoning on the progeny. Sov Med 31(6):60-63. This publication reports cases of prenatal poisoning from maternal ingestion of grain treated with ethylmercury. Neonatal symptoms included severe mental retardation, decreased birth weight and decreased muscle tone.

Chmielnicka J, Brzeznicza E, Baranski B, Sitarek K (1985). The effect of ethyl mercury on fetal development and some essential metals levels in fetuses and pregnant female rats. Biol Trace Element Res 8:181-189. Chmielnicka et al. administered ethyl mercury chloride to pregnant rats at a dose of 2.5 mg Hg/kg/day by gavage every other day from gestation day 6 – gestation day 20 and did a standard fetal exam on gestation day 21. Group size was 14 pregnancies for the ethyl mercury experiment. Ethyl mercury had a significant effect on body weight gain of dams, fetal crown rump length and fetal body weight ($p < 0.05$, litter basis).

Clarkson TW (2002). The Three Modern Faces of Mercury. Env Hlth Perspect 110(Suppl 1):11-23. This paper reviews the toxicity and disposition of thimerosal in humans. Fang SC and Fallon E (1973). Uptake, distribution, and metabolism of inhaled ethylmercuric chloride in the rat.

Arch Env Contam Toxicol 1(4):347-361. This paper reports on aspects of inhaled ethylmercury distribution and metabolism to inorganic mercury in the rat.

Goncharuk GA (1971). Experimental study of the effect of organomercury group pesticides on the generative function and progeny. Gig. Sanit. 36(7):87-91. In pregnant rats exposed to ethyl mercury by inhalation, overall fetal death rate was 19.3% in controls and 42.8%. In rats treated orally with ethylmercuric chloride at 1/20 the LD50, the number of offspring per litter was smaller than in controls.

Gasset AR, Itoi M, Ishii Y, Ramer RM (1975). Teratogenicities of ophthalmic drugs. II. Teratogenicities and tissue accumulation of thimerosal. Arch Ophthalmol 93: 52-55. Rats ($n=10$ /group) were injected with 1.0 ml of 0.2% or 2.0% thimerosal i.p. from GD 6-18. Rabbits ($n=7$) were given 2 drops of 2% thimerosal in both eyes six times a day on gestation day 6 and four times a day on gestation days 7-18. An increase in intrauterine death was reported, with the incidence in rats being 1%, 14% and 36% in controls, 0.2% and 2.0% thimerosal groups, respectively. The incidence of in intrauterine death in rabbits was 15% in controls and 39% in thimerosal-treated animals.

Heinonen OP, Slone D, Shapiro S (1976). Birth Defects and Drugs in Pregnancy. Publishing Sciences Group, Inc., Littleton, MA. Using data from the collaborative perinatal project, standardized relative risks for malformations between 2.04 and 3.13 were found for thiomersal (thimerosal). The authors concluded that "thiomersal, on the basis for extremely limited numbers (56 exposures) was associated with malformations overall, and with uniform malformations."

Magos L (2003). Neurotoxic character of thimerosal and the allometric extrapolation of adult clearance half-time to infants. J Appl Toxicol 23:263-269. This paper reviews the clearance of thimerosal in humans, including its metabolism to inorganic mercury.

Evidence that Ethylmercury (Thimerosal) is a Reproductive Toxicant
(pertinent to CDC's policy of vaccinating pregnant women)
cont.

Magos L, Brown AW, Sparrow S, Bailey E, Snowden RT, Skipp WR (1985). The comparative toxicology of ethyl- and methylmercury. Arch Toxicol 57:260-267. This paper reports on a study of the comparative distribution, toxicity and tissue histopathology in rats, including concentrations and effects in the brains of animals treated with the different mercury compounds.

Bezbozhnaya LP (1973). Embryotoxic and gonadotropic effects of ethylmercuric chloride on rats. Tr Vses Nauch Issled Inst Vet Sanit [Transactions of the All-Union Scientific Research Institute of Veterinary Sanitation] 46:157-163. Findings were preimplantation mortality, fetotoxicity, fetal death, for maternal exposures. For paternal exposure, reduced weight gain in pups.

Clegg DJ (1971). Embryotoxicity of mercury compounds, in: Special Symposium on Mercury in Man's Environment. Proc R Soc Can, Ottawa Canada [page 141]. (as cited in Koos and Longo (1976). Am J Obstet Gynecol 126(3): 390-409). Growth retardation resulted after a single application of a 40 mg/kg subcutaneous dose of ethylmercury on gestation day 10 to mice.

Morikawa N (1961). Pathological studies on inorganic mercury poisoning. II. Experimental production of congenital cerebellar atrophy by bis-ethyl-mercuric sulfide in cats. Kumamoto Med. 14:87. In cats, application of 2-3 mg/kg daily through gestation produced ataxia and cerebellar hypoplasia.

Mandzhagaladze RN and Vashakidze VI (1972). Action of some chemical compounds on rat progeny and sex ratios. Soobshch Akad Nauk Gruz SSR 65:485-488.