PE1597/D

Petitioner Letter of 29 February 2016

Thank you for providing me with the responses received to my Petition PE1597 from various official bodies. I will address them in turn:

The European Commission.

'Widening diagnostic criteria' would appear to be the European Commission's explanation for any increase in prevalence. This is a regular stock response seldom supported by hard evidence!

The European Commission's current research is focussed on 'diagnosis'. This will not shed any light on **causation**!

No mention is made of my hypothesis which centres on **causation**, not prevalence or diagnosis. Nor is there a reference to clinical research.

This contribution adds nothing to the debate.

The UK Government.

Another spurious old chestnut "better recognition" summarises the UK government's stance on the issue of rising autism numbers. Apparently the UK government wants us to believe that "similar numbers of children were developing autism eighty years ago---as are now". This is arrant nonsense.

Read the Scottish school statistics.

UK research appears to be focused on diagnosis and genetics but not on **causation**. No mention is made of my hypothesis which centres on **causation,** not on prevalence or diagnosis. Nor is there a reference to innovative clinical research. This contribution adds nothing new to the debate.

The Scottish Government/Chief Scientist.

The CSO relies for evidence against a vaccination/autism link "hundreds" (?) of epidemiological studies.

The role of epidemiology.

The compelling evidence of parents that their child was developing normally and meeting all the milestones set, only to regress following vaccination, has unfortunately been viewed by officialdom as merely anecdotal, and the two experiences unrelated. In fact the witness of the thousands of parents who reported their child's '**gradual deterioration'*** into autistic symptoms, frequently with hyperacusis (very sensitive hearing), and often concurrent bowel problems, has made little or no impact on the authorities.

Continued public clamour on the subject however led to beleaguered health officials promoting the MMR as safe by promulgating epidemiological mainly population based studies that have subsequently proved to be irrelevant, inconclusive, or seriously methodologically questionable*. The CSO continues this trend.

Note>>> The Petitions committee clerks were offered an independent and comprehensive analysis of the epidemiological studies presented as showing no vaccine/autism link. This offer was refused.

Remarkably the UK Department of Health used no less than 35 epidemiological population based studies during the prolonged public debate on MMR safety that took place between 1998 and 2006.

In referring to population based studies such as these, what is generally meant is that the authors have carried out either case-control studies, comparing cases (with autism) and controls (no autism) in terms of MMR exposure, or they have carried out cohort studies comparing children exposed and unexposed to MMR in terms of autism or Autism Spectrum Disorder as an outcome. Whilst it is tempting to assume that studies of large populations are somehow 'better' by virtue simply of their size, this is by no means necessarily the case. Neither are they 'safety' studies and it is of serious concern that the CSO and medical hierarchy are not aware of that simple fact.

A significant failing of the studies to date has been that whilst none has reported a positive effect size (ie. An association between MMR exposure and ASD outcome) none has been able to rule out the possibility of such an association in potential sub-groups of children with an ASD.

In short, by using, almost exclusively, population based studies as a means of persuading the public that MMR vaccination is totally safe for every child government officials demonstrate either a disingenuous approach to the issue or a lack of understanding with regard to the criteria required in the science of vaccine safety.

And from the Lancet:

"The validity of observational research depends on the validity of existing knowledge about the cause of the studied disease. In other words, causal association cannot be established by data from observational research alone. Supportive evidence from experimental research, including basic science and randomised trials, is essential.....In observational research, such as cohort study and case-control study, compared groups can differ in many features and are thus not truly comparable. Whether this built-in limitation can be overcome depends on whether all major confounding factors can be identified and appropriately controlled. Recognition and identification of confounding factors, however, require a comprehensive and in-depth understanding about the complex biological mechanism in pathogenesis. If the mechanism of a disease is poorly understood, some unexpected confounders probably remain unidentified and uncontrolled.....Data from observational research just cannot be used as the sole evidence to.....deny a causal link" -
The Lancet, Vol 360, No. 9328, 20th July 2002

Note:>>>You need to know the mechanism of the disease if you wish to establish/deny a causal link.

***Gradual withdrawal.**

Gradual withdrawal/deterioration is an important feature of 'regressive autism'. Deciliation accords with this experience. Epidemiology is unlikely to identify cause without knowledge of this disease process.

The CSO.

The CSO refers to a recent Danish study--- I will print the study's conclusion:

"This study supports the argument that the apparent increase in ASD prevalence in Denmark in recent years is in large part attributable to changes in reporting practices over time. However, a considerable part of the increase in ASD prevalence is not explained by the 2 changes in reporting practices.

Thus, the search for etiologic factors that may explain part of the remaining increase remains important".

Please note>>>40% of the increase in autism in Denmark remains unexplained! They need to look for a cause!!

The CSO then selects a review of multiple studies by the Cochrane Library in 2012 and mis-quotes the conclusion which was:

The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate!

In summary.

This Petition calls for clinical research based on a peer reviewed and published scientific hypothesis (not a "theory") that a bacterial pathogen (mycoplasma

fermentans) is the underlying cause of ‘regressive autism’, a significant sub-type of Autistic Spectrum Disorder.

The hypothesis respects the parents’ reports of regression after vaccination.

It explains the auditory and gastrointestinal problems common in these children.

It explains why some children become autistic following vaccination and not others.
It is simple, obvious, yet it has been overlooked.

The bacterial pathogen may actually be traced to the introduction of vaccine manufacture using cell-culture technology in the USA in 1930. A few years before ‘Autism’ was classified a “very new” condition.

The responses from the European Commission and the UK government focus on prevalence and diagnosis, not the essential message of the Petition-----**that clinical research is vital if we are to determine what causes the enigma known as regressive autism.**

The Scottish/CSO response sadly repeats the government propaganda that has dominated this important issue for far too long.

Meta analyses of the wrong science will never provide a solution.

In short, epidemiology does not answer the questions being asked and without epidemiology the Scottish/CSO has nothing, certainly no valid reason to deny a call for clinical research to establish the role of Mycoplasma fermentans in the onset of regressive autism.

We must go into the laboratory and this petition convincingly points us there.

The scientific hypothesis is testable using PCR and MSA tests in a properly conducted controlled study (which recognises the intracellular nature of the pathogen) on the specific sub-set of autistic children, into the presence and role of Mycoplasma fermentans in regressive autism.

This petition is not about prevalence, diagnosis or support and services. It is about **causation** and it presents an unparalleled opportunity for the Scottish government to solve a 70 year old problem affecting children.

Bill Welsh
Honorary President
Autism Treatment Trust.