The Institute of Medicine Committee to Review Adverse Effects of Vaccines has published a comprehensive review of existing medical literature addressing the biological plausibility of risk associated with eight different vaccines routinely given to children and adults. While there is room for disagreement about some of their causation conclusions, the process they used to come to their conclusions is well defined and clearly stated.

The Committee was hampered by the same gaps in knowledge regarding vaccine adverse effects that hampered IOM Committees undertaking the same task in 1991 and 1994. For the majority of potential vaccine adverse effects reported to be associated with vaccines, this IOM Committee like those before, came to the conclusion that the biological mechanism and epidemiological evidence published in the medical literature is simply inadequate to accept or reject a causation finding.

This is a very important conclusion, because the current state of science holds no answers for parents and doctors, who for many years have reported multiple vaccine injuries to the government’s Vaccine Adverse Event Reporting System (VAERS). Insufficient scientific evidence to make a call about whether certain vaccines do or do not cause a wide range of serious health conditions, such as encephalitis, encephalopathy, stroke, asthma, autism, SIDS, multiple sclerosis, arthritis, lupus, and blood disorders, is problematical when these vaccines are mandated by law to be used by every child and recommended for many adults. The Committee’s clear acknowledgement that there is a lack of adequate scientific understanding about the way that vaccines act in the human body, including how, when, why and for whom they are harmful, is confirmation that more and higher quality vaccine safety science is urgently needed.

Since 1982, NVIC has advocated that independent, well-designed, long term scientific studies be conducted to: (1) define the biological mechanisms involved in vaccine injury and death: (2) identify genetic and other biological high risk factors for suffering chronic brain and immune system dysfunction after vaccination; and (3) evaluate health outcomes for individuals, who use many vaccines and those, who use fewer or no vaccines, to determine if there are long term differences in brain and immune function.

With so many highly vaccinated children in America now diagnosed with learning disabilities (1 child in 6); asthma (1 child in 9); ADHD (1 child in 10); autism (1 child in 110); diabetes (1 child in 450) and millions more suffering with severe allergies, inflammatory bowel disease and other brain and immune system disorders, filling in the continuing gaps in scientific knowledge about vaccine safety should be placed at the top of the U.S. scientific research agenda.