

Episode 57DHWY June 27 2025 Recap Kennedy Junior Vaccine policy meeting of anti vaccine advocates

In Episode 57DHWY 1 On Medicine debriefing after the June 25 2025 Kennedy Junior Vaccine policy meeting of anti vaccine advocates 2 Thimerosal containing vaccines and autism This report was compiled by scientists and medical doctors and shows No association between vaccines and autism after reviewing the evidence 3 Your Local Epidemiologist Recap of the Kennedy Junior Vaccine policy meeting of anti vaccine advocates Main Content

1 Inside Medicine The RFK New Vaccine Committee Has Voted Now What? Debriefing and looking ahead **Excerpts edited by RAWSEP for brevity and clarity and relationship to Residents Against Wood Smoke Emission Particulates a 501c3 nonprofit organization** On Medicine Video Transcript Some adjectives came to mind while watching the meeting Surreal Embarrassing Kafkaesque In place of seventeen highly respected voting members all fired by HHS Secretary Robert F Kennedy were seven new characters whose opinions ranged from unhinged several of the members to reasonable mainly voiced by Doctor Cody Meissner Various members asked questions that revealed incomplete understandings of the legal process around these votes One member was not sure whether or not she had a conflict of interest Random conspiracy theories got air time while vetted scientific materials created by CDC scientists were literally removed from the website of the meeting after having been posted earlier in the week Indeed we learned during the meeting that the CDC briefing document on the safety of thimerosal in vaccines was removed because RFK Junior himself did not approve of it That of course means that the error ridden cherry picked data in another presentation on the topic by an outside speaker a longtime RFK Junior ally was approved It was a dystopian nightmare **The quasi good news is that the committee voted in favor of flu shots for everyone ages 6 months and up when They also voted to add a second RSV immunization option** Here are those recommendations lightly adapted from CDC language One dose of clesrovimab a monoclonal antibody for infants whose mothers are not protected by maternal respiratory syncytial virus RSV vaccination Clesrovimab is one of two RSV monoclonal antibody products available including for the Vaccines for Children Program Routine annual influenza vaccination of all persons aged over six months who do not have contraindications **The bad news is that the committee also voted to recommend that influenza vaccines that use thimerosal a safe preservative in relevant concentrations not be used This will not do anything to improve vaccine safety but it did escalate pseudoscience to national policy** This is remarkable In every previous ACIP vote comprehensive data has been presented before a vote In this case one friend of RFK Junior gave a talk whose contents were not vetted or fact checked by CDC scientists before a national vote It also may eventually be used as a rationale for denying vaccines to people around the world because preservatives are needed to keep multi dose vaccine vials from becoming contaminated especially in settings where the chain of refrigeration may not be complete Also the CDC own experts were not permitted to speak on this nor was their briefing document permitted to remain online My heart goes out to the dedicated CDC scientists who had to sit through this Here is a screenshot I took during the meeting yesterday during the Lyn Redwood right unvetted highly problematic presentation on thimerosal That poor CDC scientist left looks like a hostage The committee undermined vaccine confidence by scaring people about thimerosal Also the notion that the proceedings were transparent or expansive simply was not borne out by the facts This committee specifically suppressed work by CDC scientists It also failed to publish the language of national vaccine policy votes in advance which is

probably illegal. Claiming all of these virtues as though they were innovations while actually undermining them by turning away from the prior genuine commitment of the committee to those principles is what the kids call gaslighting. Some resources with actual science and debunking. Below are two documents that fact checked the ACIP meeting. They were created by a trustworthy group of scientists and health influencers and debunk dozens of lies propagated by the new ACIP panel. Also because I anticipated that Secretary Kennedy might remove the rigorous briefing document on thimerosal from CDC scientists from the ACIP website which he indeed did. I downloaded a copy of it right away. Secretary Kennedy literally does not want you to see this. As per above that is not hyperbole. We learned at the ACIP meeting from the chair that this document created by CDC scientists was not approved by the Kennedy junior office. So here it is! Read it. Share it! Thimerosal Containing Vaccines Summary Of Evidence. The ACIP meeting was a bizarre spectacle. It was as bad as feared if not worse. Reasonable science from CDC experts was presented side by side with debunked misinformation presented by RFK allied anti vaxxers. Other times only one side the unscientific side was permitted to present. What we witnessed was a circus masquerading as dignified proceedings. Well mostly. The whole thing would be hilarious but for the stakes. Lives are on the line. Scientific integrity is under attack. Transparency is now just a buzzword a stand in for a newly discovered opaqueness from this once august committee whilst it claims the opposite. Once again I urge Senator Bill Cassidy a physician now being routinely humiliated by his vote to confirm Secretary Kennedy based on false promises to stand up against this attack on science of the RFK Junior sudden removal of all seventeen voting members of the CDC previous vaccine advisory committee on June 10 2025. I do not even know where to start. The meeting of the new committee on June 25 2025 was like watching Fox in a Hen House.

2 This report was compiled by scientists and medical doctors and shows No association between vaccines and autism after reviewing the evidence. Thimerosal containing vaccines and neurodevelopmental outcomes. Review of the evidence. Excerpts edited by RAWSEP for brevity and clarity and relationship to Residents Against Wood Smoke Emission Particulates a 501c3 nonprofit organization. Your Local Epidemiologist. June 27 2025. Thimerosal is an ethylmercury containing compound that was used for decades in the United States as a preservative in multi dose vials of vaccines and other products to prevent growth of harmful microbes such as bacteria and fungi. Under the FDA Modernization Act of 1997 the FDA conducted a comprehensive review of the use of thimerosal in childhood vaccines. This review found no evidence of harm from the use of thimerosal as a vaccine preservative other than local hypersensitivity reactions. Thimerosal and Vaccines. FDA. In 1999 with input from the Public Health Service and other partners FDA requested all vaccine manufacturers for plans to remove thimerosal from vaccines. This was taken as a precautionary step not due to evidence of harm to reduce the overall exposure to mercury to infants given that other environmental sources of mercury were challenging to eliminate. Since 2001 all childhood vaccines licensed and recommended in the United States have been thimerosal free with the exception of some multi dose formulations of influenza vaccines. Several vaccines used in the United States for example MMR varicella inactivated polio pneumococcal conjugate have never contained thimerosal. During the 2024 2025 season 96% of all influenza vaccines in the United States were thimerosal free and 98% of federal vaccines procured through the Vaccines for Children or 317 program were thimerosal free source CDC Immunization Services Division. A recent analysis from CDC Vaccine Safety Datalink showed that the proportion of pregnant women receiving a thimerosal containing flu vaccine has decreased over time with only 0 point

3% of doses administered in 2024 containing thimerosal Over the past 25 years multiple well designed studies using various epidemiological study designs have been conducted in several countries evaluating a potential association between thimerosal exposure and autism spectrum disorder ASD other neurodevelopmental disorders and cognitive functioning Data from CDC Vaccine Safety Datalink VSD showed that there was no increased risk of ASD from prenatal or early life exposure to thimerosal Price et al 2010 or from increasing number of antigens from vaccines up to 7 to 12 and 24 months Iqbal et al 2013 Similarly in a nationwide cohort study of all children born in Denmark from 1990 to 1996 numbering 467450 risk of autism and other autistic spectrum disorders did not differ between children vaccinated with thimerosal containing vaccines and those with thimerosal free vaccines RR 0 point 85 95% CI 0 point 60 1 point 20 Some studies that evaluated performance on over 24 different tests of neurodevelopment did show a few significant associations between cumulative thimerosal exposure and on some tests of specific neurodevelopmental functions however these were few and not seen consistently across similar tests or across studies Thompson et al 2007 Tozzi et al 2009 Verstraeten et al 2003 Heron et al 2004 Andrews et al 2004 Meta analyses suggest no relationship between thimerosal and autism or mercury and autism Taylor et al 2014 Yoshimasu et al 2014 Furthermore the Institute of Medicine now known as the National Academies of Sciences Engineering and Medicine examined evidence evaluating the possible association between thimerosal containing vaccines and autism in 2004 concluding that studies consistently provided evidence of no association between thimerosal containing vaccines and autism Immunization Safety Review Vaccines and Autism The National Academies Press Several non CDC studies evaluating data from the VSD and the Vaccine Adverse Event Reporting System VAERS identified an increased risk of autism and neurodevelopmental disorders with thimerosal containing vaccines These studies have significant methodological limitations including unmeasured confounding inaccurate assessment of exposures differences in control and case groups unverified diagnoses and other potential biases that threaten the validity and reliability of the findings Considering the breadth of evidence and consistency in results from multiple population based studies conducted in several countries with various study designs the evidence does not support an association between thimerosal containing vaccines and autism spectrum disorder or other neurodevelopmental disorders

3 Kennedy Junior Vaccine policy meeting of anti vaccine advocates Vaccine policy meeting The essentials Foxes in the hen house and rising above the noise for fall Excerpts edited by RAWSEP for brevity and clarity and relationship to Residents Against Wood Smoke Emission Particulates a 501c3 nonprofit organization Your Local Epidemiologist June 26 2025 This week the Advisory Committee on Immunization Practices ACIP held its first public meeting since the new HHS Secretary an outspoken vaccine skeptic replaced all 17 members More than 4000 people tuned in a level of attention not seen since the height of the pandemic That is because ACIP decisions have a profound weight in shaping vaccine policy in the U S They determine which vaccines are recommended for whom if insurers cover them and when they are available The June meeting is especially important as it sets the groundwork for the fall respiratory virus season Insurers finalize coverage Clinicians place orders Distributors ship doses Public health communicators prepare messages Disrupt this system or timeline and the entire system falters Here are the essential takeaways from the meeting Bottom line up front Flu shots are recommended for everyone over 6 months However flu shots containing thimerosal 4 to 7% of supply are not because of scientific evidence but because of falsehoods RSV protection is recommended for

pregnant women vaccine infants monoclonal antibody up to 18 months old and older adults vaccine
This fall a second monoclonal antibody option will be available for parents which is good for kids up to 8 months old **Covid 19 will be available but for whom when and what are still big questions There was no vote No guidance today And there should have been** Inside the meeting Foxes in the hen house
This meeting followed the usual format CDC scientists presented data and the committee discussed questioned and voted on certain policies This meeting undoubtedly demonstrated the high competence of CDC employees who were thorough thoughtful and well prepared They answered questions with precision and demonstrated deep expertise I continue to be incredibly impressed with this group For the new committee it was clear that not all were vaccine experts—they questioned basic epidemiologic methods misunderstood fundamental scientific principles and repeated conspiracy theories that have circulated for decades At times CDC scientists were educating them on how vaccine trials work what the immune system does and how the approval process functions This is of course acceptable for a curious member of the public—it is absolutely unacceptable for people determining vaccine policy for 330 million Americans Additionally many committee members clearly began with conclusions and then attempted to force the evidence to fit This is called policy based evidence making not evidence based policy making It is backwards There is no new evidence or data to change recommendations In fact the committee removed documents that CDC scientists had posted They stated procedure reasons when asked but presumably because it did not support their foregone conclusions This is not demonstrating radical transparency And although the committee has disclosed conflicts of interest as it has for the past 70 years HHS cannot pretend that pharmaceutical companies are the only conflict of interest Selling supplements profiting from medical litigation trials and holding a leadership position in antivaxer advocacy groups are all conflicts of interest None of that was disclosed **We fact checked the proceedings in real time and counted and countered more than 50 falsehoods** YLE and others compiled three briefings on these falsehoods in near real time for leaders communicators and media Feel free to download use or just view if you have questions about some falsehoods brought up there were a lot! Get the briefs here <https://www.evicollective.org/tec/briefs> Focusing on the science It is easy to get caught up in the absurdity and to be clear much of it was absurd But and **the respiratory virus season is just around the corner and that matters more as lives are at stake** The CDC presentations were strong and the science behind them was solid I am confident that despite the chaos the data shared was not influenced by RFK Junior or this new committee So I wanted to walk you through that science what we know what protection options will be available this fall and what questions remain Because at the end of the day Americans deserve to be informed and empowered to protect themselves and their communities **Covid 19 vaccines COVID 19 remains a serious health threat to Americans and a huge burden on healthcare systems Last year hospitalizations for Covid were similar to flu and the flu season was the worst we have seen in past 15 years Infants and older adults continue to be most affected This is why it is so important for pregnant women to get vaccinated Infants cannot get the vaccine until they are at least 6 months old when maternal antibodies wane and their immune system is more mature Source CDC Annotated by YLE Last winter COVID 19 vaccines provided 30 to 40% additional protection against urgent care visits regardless of age compared to people who did not get the Covid vaccine and 40 70% additional protection against hospitalizations and ICU stays Interestingly protection is not waning as quickly nowadays remaining stable up to the study period 180 days** Source CDC Annotated in red by Your Local Epidemiologist COVID 19 vaccines also continue to

be safe based on the many systems the U S federal government has in place Myocarditis inflammation of the heart is no longer a safety signal like it was for the first two shots of mRNA Among adolescent boys who did get myocarditis from the first two doses of the vaccine 91% have fully recovered

Votes Usually the ACIP votes for COVID 19 vaccine eligibility for fall However this was taken off the agenda at the last minute for an unknown reason So there was no vote This means we do not know what the recommendations are for this fall See more below in Next Steps

RSV protection RSV is among our most burdensome respiratory viruses particularly for children under 5 So it was an absolute game changer when not one but TWO options of protection became available two years ago for the first time ever

- 1 Vaccine for pregnant women who pass antibodies to their infants and
- 2 Monoclonal antibody for infants not a vaccine but provides antibodies in the short term

We have already seen a decrease in the burden of RSV in healthcare systems as shown below Source CDC Annotated by Your Local Epidemiologist in red Presentations showed that both continue to be incredibly effective in the real world Maternal vaccination 70 79% protection against infant hospitalization Monoclonal antibody called nirsevimab 79 82% effectiveness against infant hospitalization Both options are also very safe and much better than the disease itself There is one small but true safety signal scientists are looking closely at people who get the pregnancy vaccine have a slightly higher rate of gestational hypertension and preeclampsia This could be due to data or other factors such as women who are pregnant for the first time Scientists are still investigating this However the benefits of the RSV vaccine still significantly outweigh the risks This fall we will have a THIRD option A new monoclonal antibody called clesrovimab approved by the FDA recently It works about as effectively as the monoclonal antibody introduced last year It does wane quicker so it may not protect as long but it is enough for one entire season Having another option is good because Lowers cost through competition Better access with more choices Slightly different virus target which is good if the virus mutates The downside is that it is not for 8 19 month olds like the other one so providers have to stock both which is a pain

Votes The majority of members voted in favor of the monoclonal antibody meaning it will be available to the public

Flu vaccines Last flu season was really bad The worst in the past 15 years And last season vaccinations continued to prevent a ton of disruption Last year it is estimated the flu vaccine prevented 12000000 symptomatic infections 240000 hospitalizations But the big point of discussion during the ACIP flu section was thimerosal Lynn Redwood a former leader of Children Health Defense an antivax advocacy group presented data In short it absolutely flooded the zone with cherry picked data out of context It also had fake citations likely due to the use of AI External presentations like this one typically need to be fact checked by CDC Typically this occurs days or weeks in advance of ACIP meetings It did not happen this time There was one sane person on the committee who said I do not know where to start with all the falsehoods presented And followed up by saying there is no scientific evidence that shows the harm of thimerosal I agree We debunked many falsehoods in this brief in real time Here are the facts Thimerosal is an ethylmercury based preservative that keeps vaccines safe from bacterial contamination It was largely removed in vaccines in United States in 1999 as a precaution even though no harm was ever demonstrated At the time there was no specific data on ethylmercury toxicity so safety assessments conservatively applied the limits of methylmercury the toxic form of mercury found in fish that many of us are familiar with Using those stricter benchmarks cumulative exposure from the full childhood schedule slightly exceeded what was considered safe for prenatal methylmercury exposure Since then numerous studies have demonstrated that e ethylmercury is metabolized

differently and is safe at the levels used in vaccines. In the United States thimerosal is only found in multidose flu vaccines and trace amounts are found in TDVax a tetanus and diphtheria vaccine for people aged seven and older. Thimerosal is still used in other parts of the world as a vaccine preservative. Thimerosal and the use of multiple vaccines are incredibly important for pandemic preparedness. Votes: The majority of ACIP members voted to remove flu shots containing thimerosal. This means about 4 to 7% of the flu vaccine supply will not be used. This is not a huge deal but it may ripple doubt globally which would have a significant impact because many global vaccines still contain thimerosal. And the groundwork here is what is most concerning for future vaccines. What is next for fall season. Flu and RSV vaccines will be available for the fall respiratory season. Covid 19 vaccines should be too but major questions remain unanswered. Who will be eligible to receive them? Will people have to pay out of pocket or will insurance and federal programs cover them? What are states legally allowed to do if ACIP does not make recommendations? Manufacturers are making vaccines right now based on formulas from LAST YEAR because HHS recently required them to do placebo trials which is not feasible and unethical to update it. However there is considerable confusion around eligibility. I expect we will soon see the formation of professional society led recommendations or even a shadow ACIP to fill the vacuum. It is time for the broader health ecosystem—payers providers health systems and states to step up. Americans need a coordinated unified front to ensure they have clear information reliable access and the confidence to make informed decisions to protect their health their families and their communities. On that front we are off to a promising start this week 1. AHIP and the Alliance of Community Health Plans affirmed their commitment to covering fall vaccines ensuring patients are not left with unexpected costs 2. The American Medical Association and nearly 80 professional organizations issued a strong joint statement they will continue to follow and promote evidence based vaccine recommendations regardless of political interference 3. Communication experts and trusted messengers are mobilizing to combat confusion clarify facts and support local decision making especially in the absence of consistent national messaging. This is progress. However we need more unified voices and stronger commitments across the system particularly from governors employers pharmacy chains and community organizations. If we do not fill the gaps with clarity falsehoods and confusion will flood in and vaccine uptake will suffer. Looking beyond fall Routine vaccinations at risk. Routine vaccinations like polio or measles are still strongly recommended and available. Given this meeting though I am very concerned about their future for three reasons 1. The ACIP chair announced two new work groups that will look into the cumulative vaccine schedule examine the total number of recommended vaccines timing and the supposed cumulative effects. And they announced they will revisit vaccines that supposedly have not been reviewed in over seven years. One target will be the universal implementation of hepatitis B vaccination at birth 2. Policy based evidence making. The thimerosal conversation made it clear that this committee had come to a conclusion and then sought evidence to support it 3. The number of falsehoods flagged was staggering. This suggests that discussions are not robust and are not anchored in the latest best evidence. Bottom line. The science is strong. Vaccines work save lives and are very safe. You will have fall vaccines this fall. Covid 19 details are still a big question. This week the ACIP meeting made one thing clear. Americans are not just fighting viruses this fall but also confusion and coordinated doubt. Americans deserve a unified health system that steps up with courage to deliver facts access and choice protecting what matters most lives. Love Your Local Epidemiologist Y L E