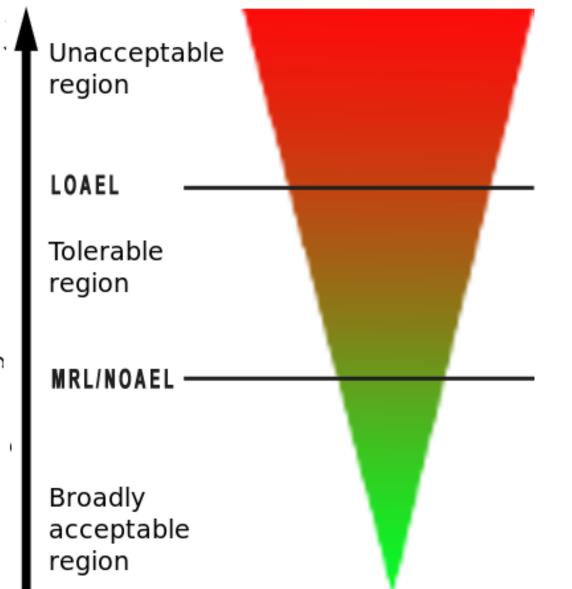
Comparison of Aluminum Dosing Human Vaccines and Animal Autoimmune Studies

James Lyons-Weiler, PhD

INSTITUTE FOR PURE AND APPLIED KNOWLEDGE

Wednesday, May 16, 2018





Increasing individual risks

Policy Analysis: What the FDA Has Said About Aluminum in Vaccines

• "we have demonstrated that aluminum levels in infants are well below the minimal risk level curves for either median or low-birth weight babies" – Mitkus et al, 2011 (Vaccine)

- "When evaluating a vaccine for safety and efficacy, FDA considers adjuvants as a component of the vaccine; they are not licensed separately" - US FDA Website https://www.fda.gov/downloads/biologicsbloodvaccines/guidancecomplianceregulatoryinformation/g uidances/vaccines/ucm175909.pdf
- "An adjuvant shall not be introduced into a product unless there is satisfactory evidence that it does not affect adversely the safety or potency of the product. 21CFR610.15"

FDA Web page reviewing Mitkus et al (2011)

- The risk to infants posed by the total aluminum exposure received from the entire recommended series of childhood vaccines over the first year of life is extremely low;
- Using the updated parameters, the authors found that the body burden of aluminum from vaccines and diet throughout an infant's first year of life is significantly less than the corresponding safe body burden of aluminum, based on the minimal risk levels established by the **Agency for Toxic Substances and Disease Registry**
- https://www.fda.gov/BiologicsBloodVaccines/ScienceResearch/ucm2 84520.htm



Contents lists available at ScienceDirect

Journal of Trace Elements in Medicine and Biology

journal homepage: www.elsevier.com/locate/jtemb

Toxicology

Reconsideration of the immunotherapeutic pediatric safe dose levels of aluminum

James Lyons-Weiler^{a,*}, Robert Ricketson^b

^a Institute for Pure and Applied Knowledge, 2912 Kilcairn Lane, Allison, PA 15101, United States ^b Hale O'mana'o Research, 19 West Edwards Street, Edmond, OK 73003, United States

ARTICLEINFO

Keywords: Aluminum Minimum risk level

ABSTRACT

FDA regulations require safety testing of constituent ingredients in drugs (21 CFR 610.15). With the exc extraneous proteins, no component safety testing is required for vaccines or vaccine schedules. The or aluminum in vaccines is based on the production of antibody titers, not safety science. Here we es



Problems with Mitkus et al. (2011)

- Based toxicity assessment of injected forms of aluminum on MRLs from DIETARY EXPOSURES in ADULT ANIMALS
- Estimated compartmental toxicity as if whole-body toxicity
- Used MRLs arbitrarily selected by HHS (ATSDR) of 1 mg/kg/day based on 1 study (Golub et al), ignoring other studies
- JEFCA (WHO) had an MRL of 2 mg/kg/day, previously published MRL of 1 mg/kg/day (all sources)

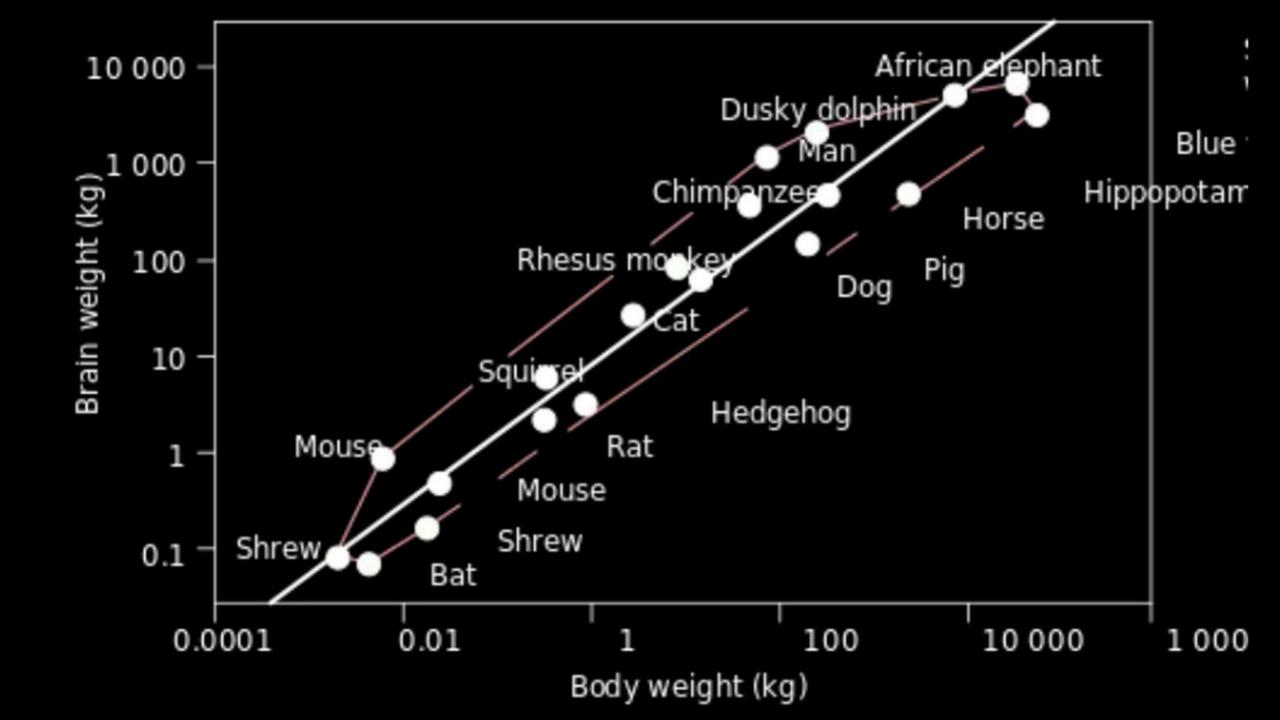
Diet vs. Injection

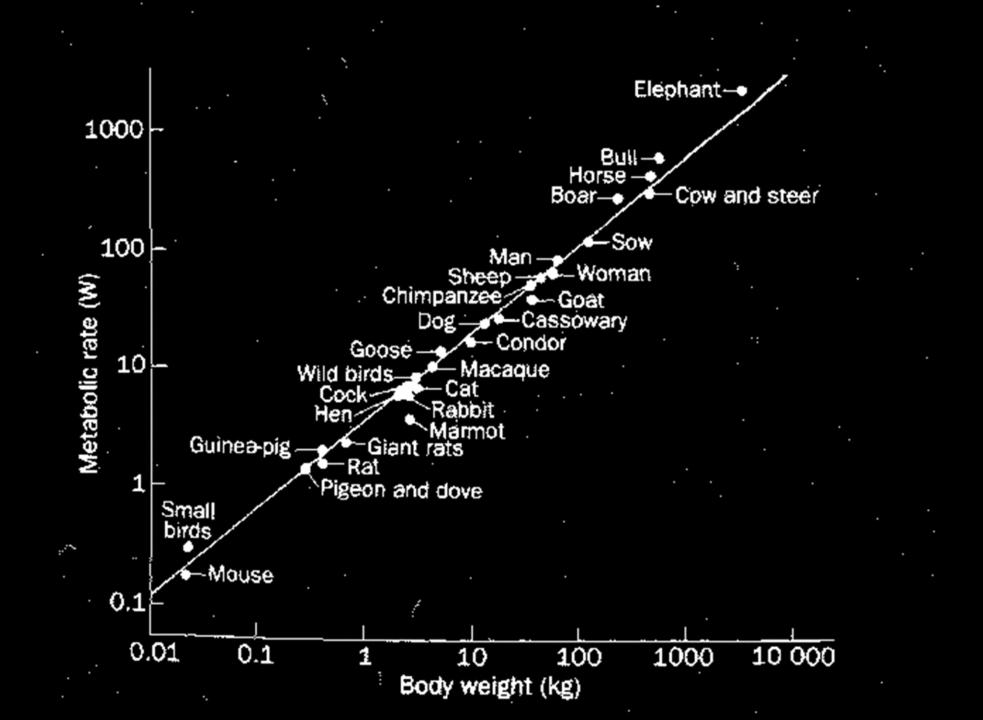
Adult Mouse vs. Adult Human 20 vs. 4 inches





Newborn brain 375 g Adult mouse brain 0.4 g 1000-fold smaller





ATSDR p18 38inDoc.pdf - Adobe Acrobat Pro DC

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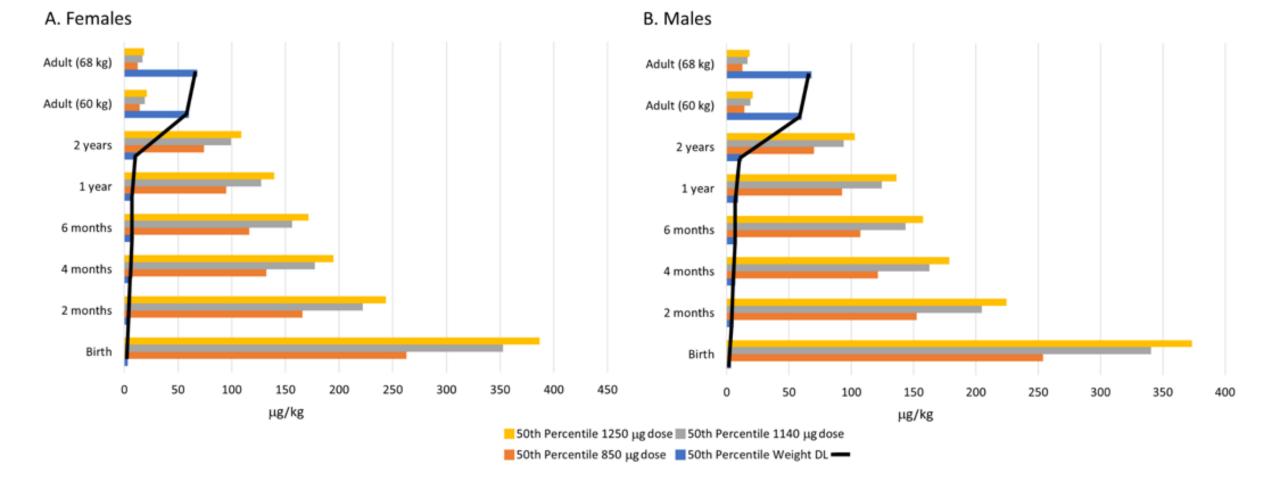
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aiuminum. Two studies were identified that provided sufficient information on the levels of aiuminum in the basal diet. McCormack et al. (1979) and Domingo et al. (1989) did not find any significant alterations in pup viability/lethality, pup body weight, or the incidence of malformation in rats exposed to 110 mg Al/kg/day as aluminum chloride in the diet on gestation days 6–19 (McCormack et al. 1979) or 141 mg Al/kg/day as aluminum nitrate administered via gavage on gestation days 6–15 (Domingo et al. 1989). Neither study evaluated the potential neurotoxicity of aluminum following acute-duration exposure; intermediate-duration studies provide strong evidence that the nervous system (in adults and developing organisms) is the most sensitive target of aluminum toxicity.

• An MRL of 1 mg Al/kg/day has been derived for intermediate-duration oral exposure (15–364 days) to aluminum.

Problems with Aluminum Dosing in Vaccines

- "Limits" from FDA are expressed as mcg per dose, not mg/kg/day
- Amounts are based on efficacy, not dose escalation safety studies from injections in age-relevant animals
- Dose exposure from >1 vaccine per day is not regulated and FDA has provided no guidance on per day limits



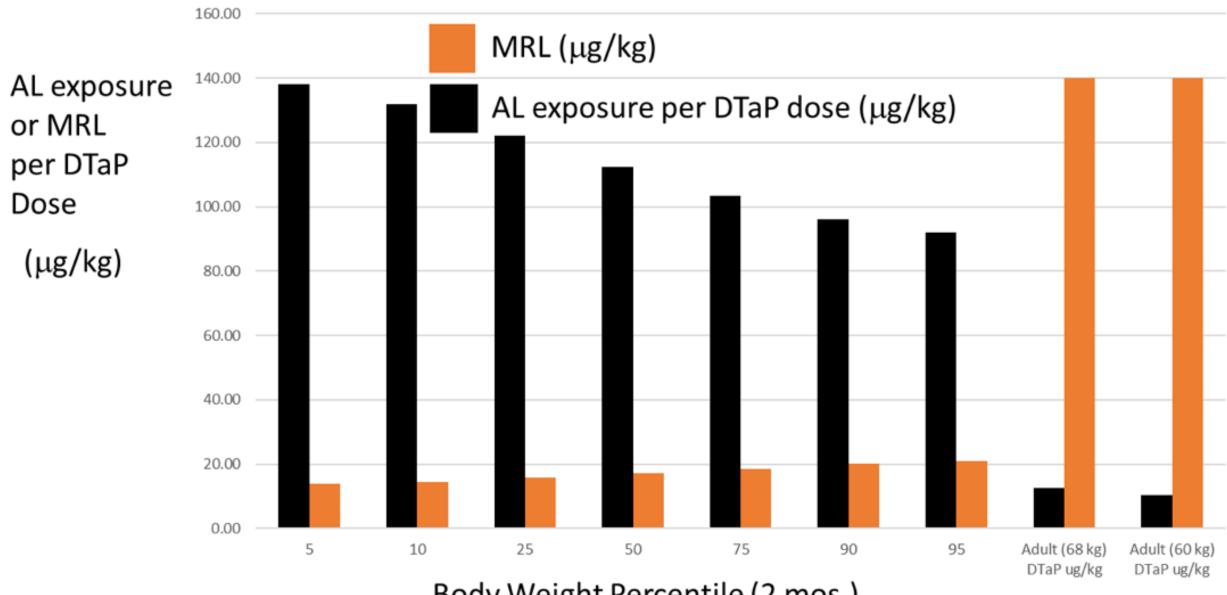
Toxicology

Reconsideration of the immunotherapeutic pediatric safe dose levels of aluminum

Check for updates

James Lyons-Weiler^{a,*}, Robert Ricketson^b

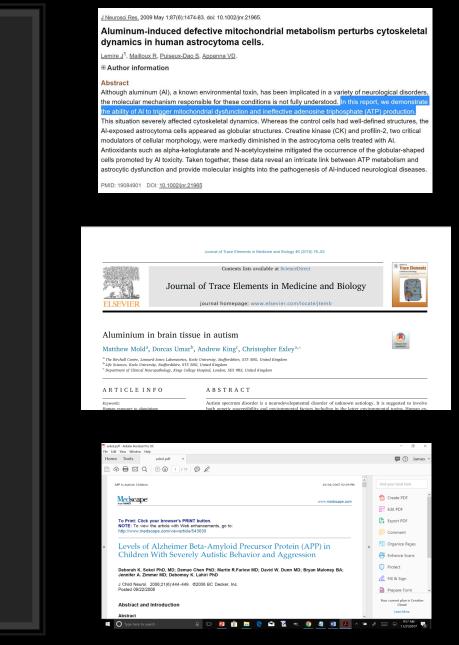
^a Institute for Pure and Applied Knowledge 2012 Kilcairn Lane Allison DA 15101 United States



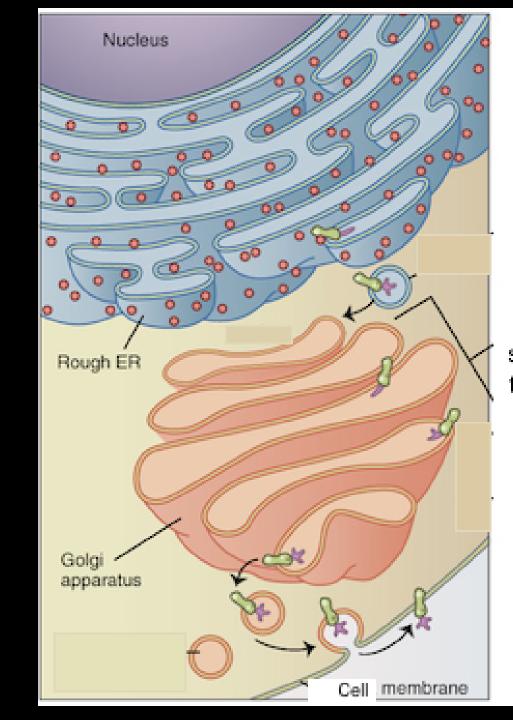
Body Weight Percentile (2 mos.)

How is Aluminum Neuro- and Immunotoxic?

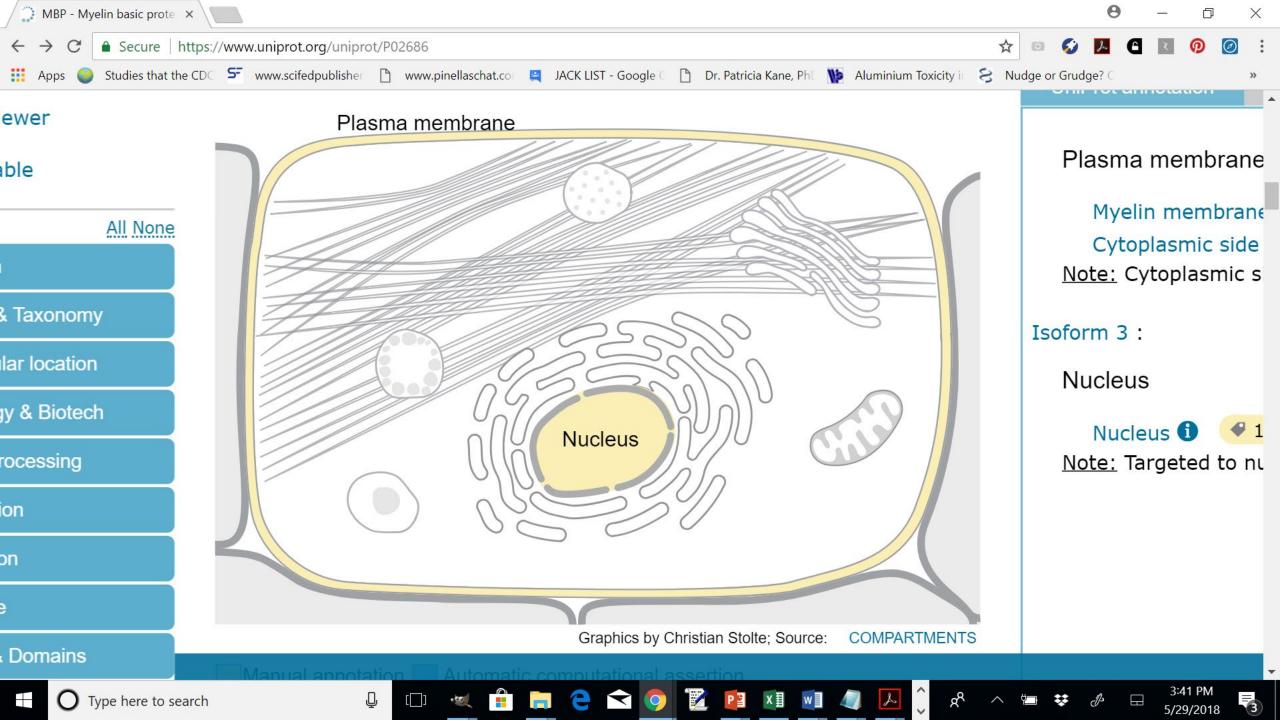
- Accumulates in brain tissue
- Amyloid is part aluminum
- Direct mitotoxicity
- Cytoskeletal dynamics in astroctyes
- Endoplasmic reticulum stress (ER Stress)



ER Stress



Protein being shipped through Golgi



New IPAK Research – 2018



James Lyons-Weiler, Autism-Open Access 2018, 8:1 DOI: 10.4172/2165-7890.1000224

Review Article

Open Access

Autism is an Acquired Cellular Detoxification Deficiency Syndrome with Heterogeneous Genetic Predisposition

James Lyons-Weiler*

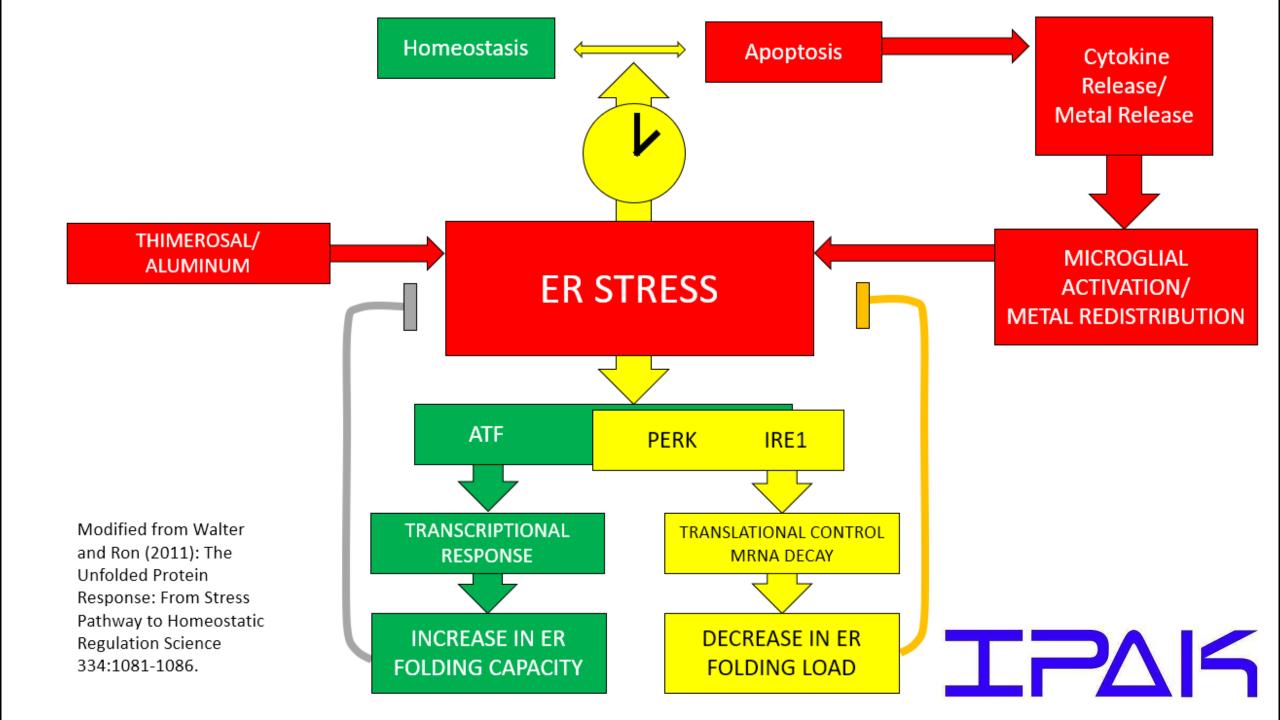
The Institute for Pure and Applied Knowledge, Pittsburgh, PA, USA

Abstract

*Corresponding author: James Lyons-Weiler, The Institute for Pure and Applied Knowledge, Pittsburgh, USA, Tel: 4127288743; E-mail: jim@ipaknowledge.org

Received date: January 19, 2018; Accepted date: January 26, 2018; Published date: March 16, 2018

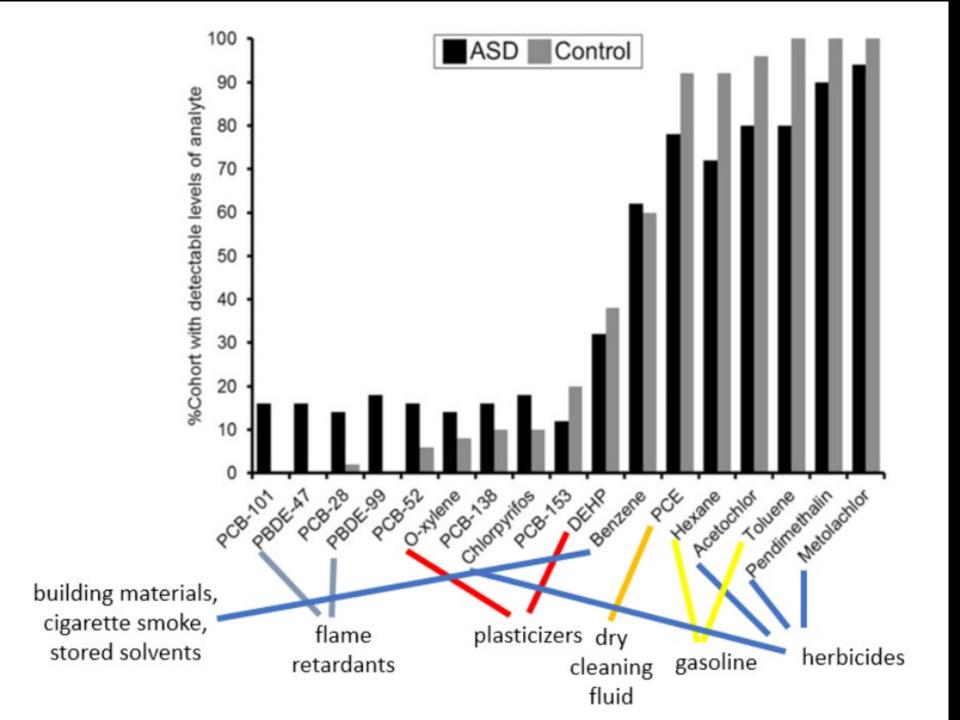
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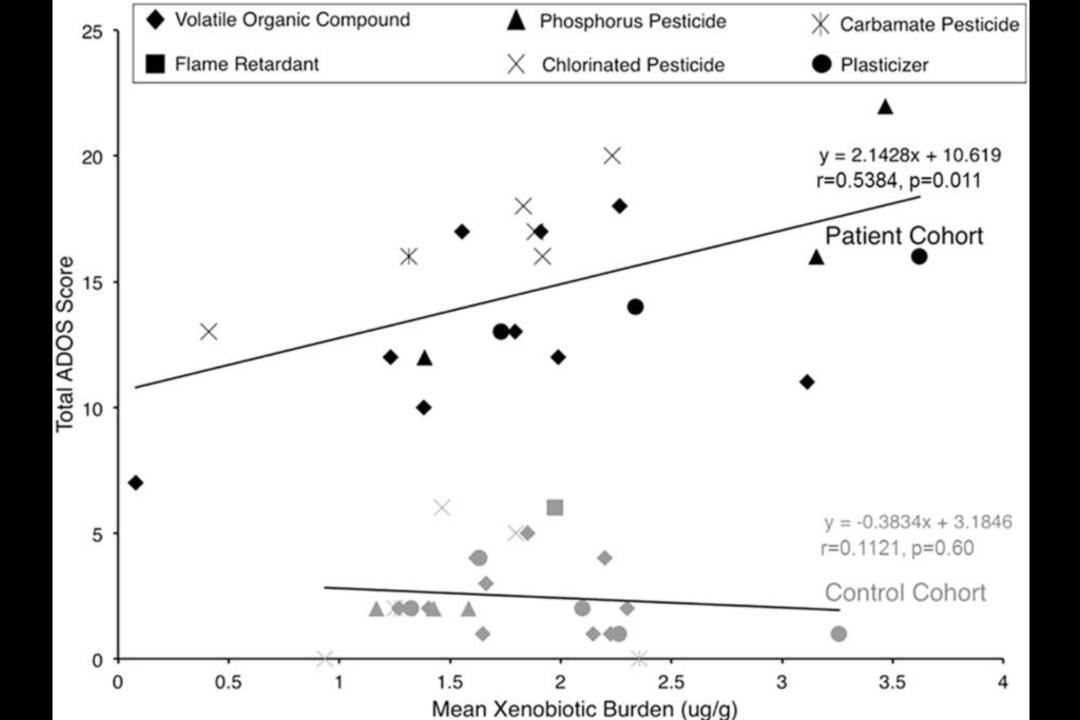


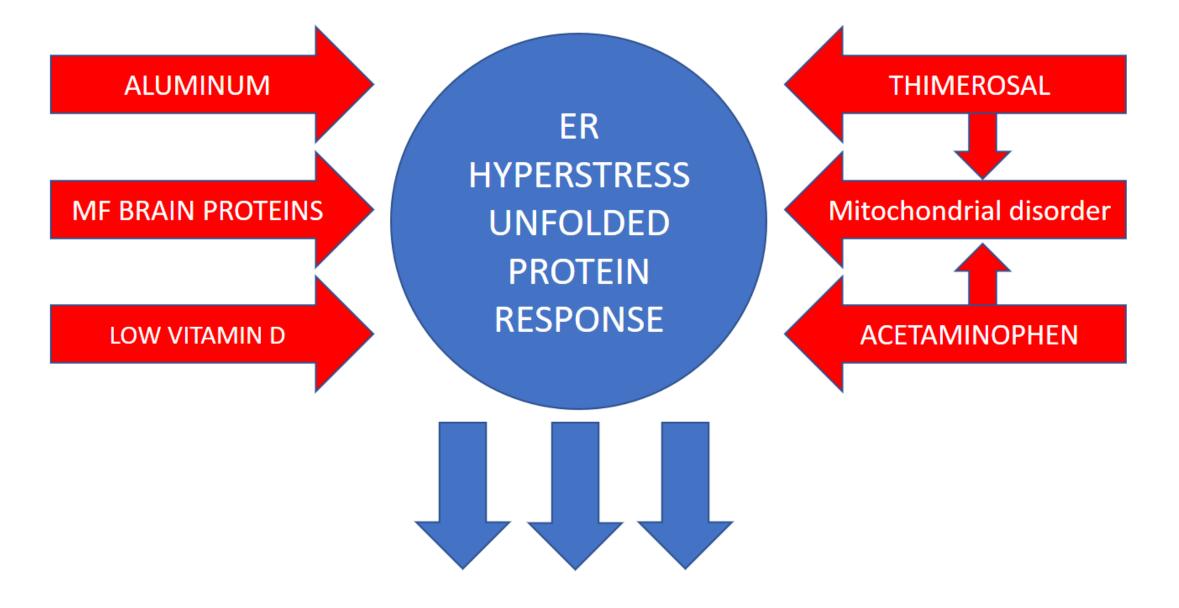
Golgi Genes Associated w/ASD	Citation
REEP3	Castermans et al. (2007) [72]
C3ORF58	Dudkiewicz et al. (2013) [73]
SLC35A3	Edvarson et al. (2013) [74]
Neurobeachin	Niesmann et al. (2011);Nuytens et al. (2013);Volders et al. (2013) [77]
KIRREL3	Liu et al. (2015) [75]
VPS13B	Rejeb et al. (2017) [78]
TRAPPC6B	Marin-Valencia (2018) [76]
ER and UPR-Inducing Genes Associated w/ASD	Citation
RELN	Lammert et al. (2017) [79]
Neuroligin1	Tristan-Clavijo et al. (2015) [81]
Neuroligin2	Tu et al. (2017) [80]
Neuroligin3	Ulbrich et al. (2016) [23]
Neuroligin4	Zhang et al. (2009) [82]
GPR37	Tanabe et al. (2015) [119]
GPR85	Fujita-Jimbo (2015) [84]
RAB39B	Mignona et al. (2015) [83]
NHE6	Illie et al. (2014) [65]
Tuberin	Reith et al. (2011) [109]
CNTNAP	Momoi et al. (2009) [30]
CNTNAP2	Falivelli et al. (2012) [86]
CADM1	Fujita et al. (2010) [88]; Momoi et al. (2009) [30]

What the ER Hyperstress Model Explains in ASD

- How AL adjuvants work (apoptosis -> cytokine release)
- Why there are so many genes involved in ASD risk (>850)
- Why many ASD kids have multiple chemical sensitivity
- Why kids w/ASD accumulate toxins
- Why some kids develop ASD after vaccination, and some do not
- Why kids w/ASD have high amounts of oddly folded proteins in their blood
- How Thimerosal and Aluminum toxicity can multiply risk
- Why multiple AL vaccines at once increases risk of morbidity and mortality



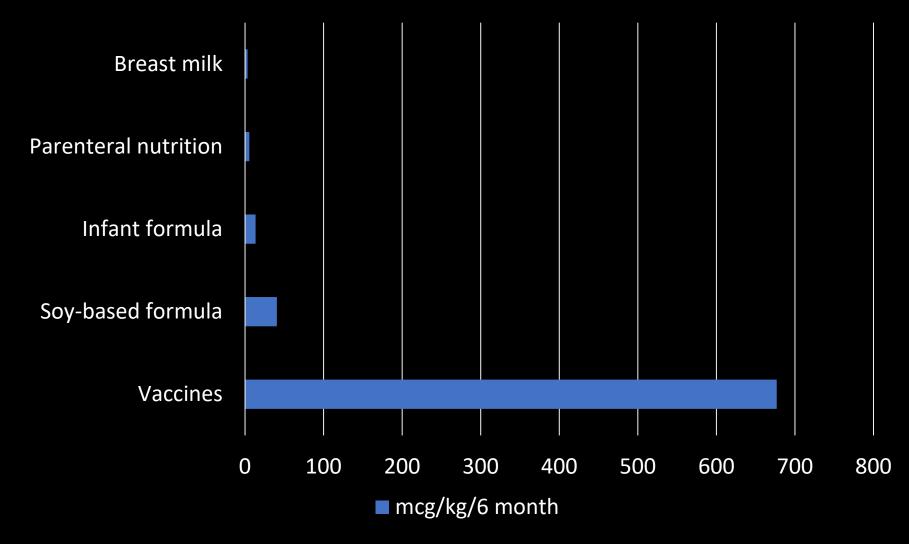




apoptosis, cytokine release, metals re-distribution, chronic microglial activation, aberrant pruning, E/I ratio skew, ASD, ADHD, other NDD

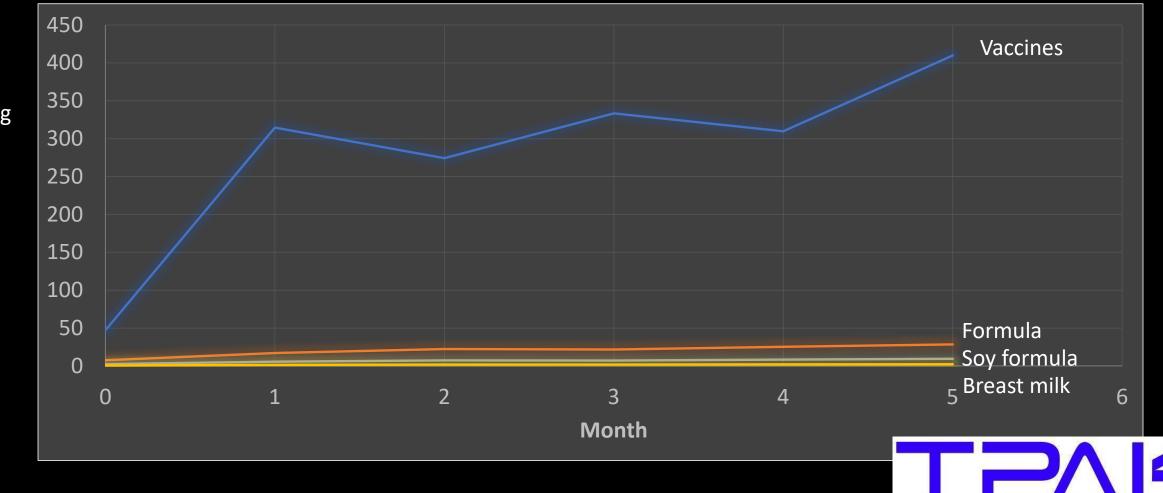


FDA's Claim: More from Diet Than Vaccines Total Exposure in Newborns 0-6 mos



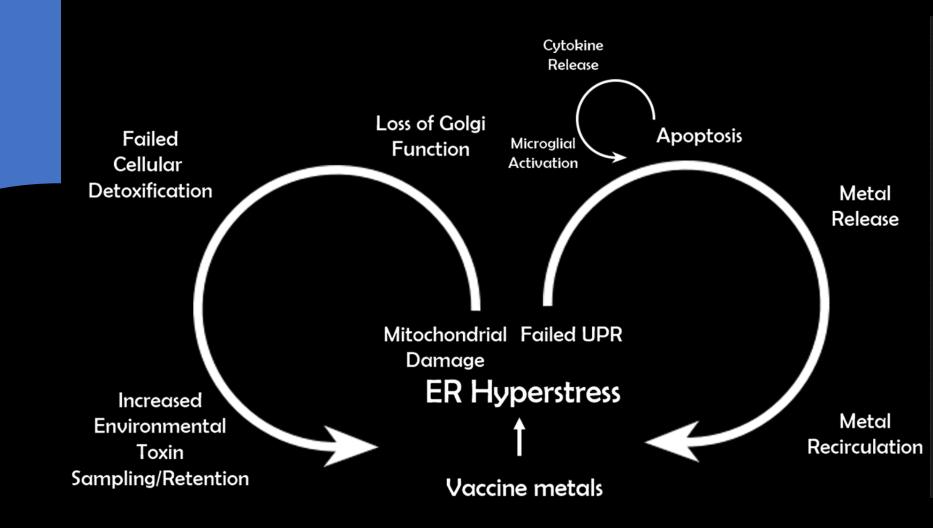


FDA's Claim: More from Diet Than Vaccines Assuming clearance rates from Flarend et al (5.6%/28 days)

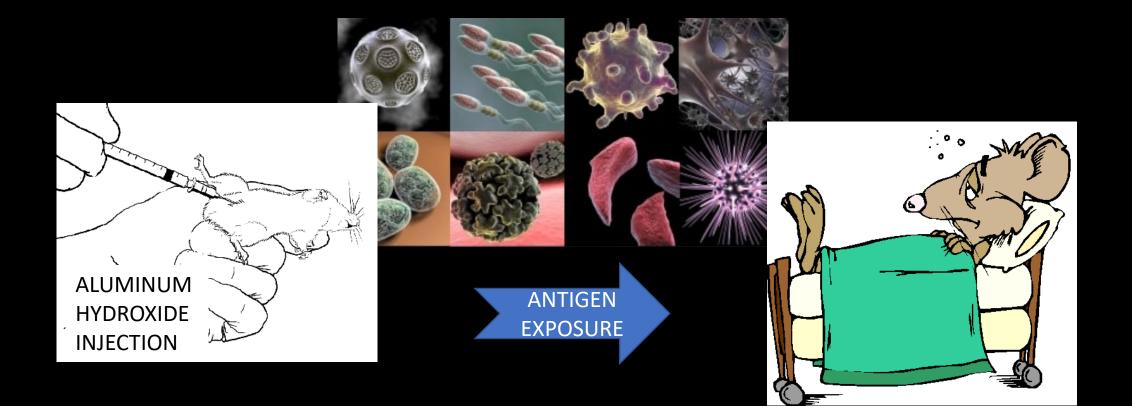


mcg

Part 2 Autoimmunity from ER Hyperstress



Animal Models of Autoimmunity



- Allergic rhinitis
- Arthritis
- Athlerosclerosis
- Antiphospholipid syndrome (APS)
- Asthma
- Food allergies
- Gastrointestinal allergy
- Glomerulonephritis
- Lupus
- Sjögren's syndrome

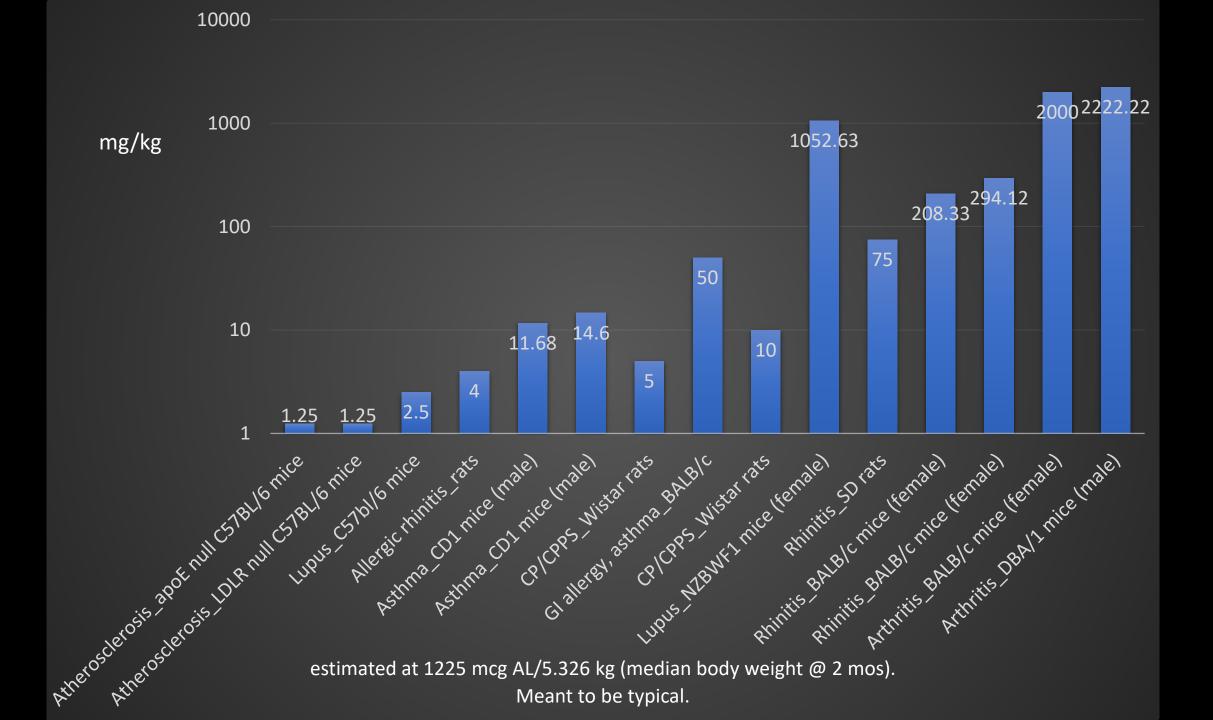
	Aluminum	Symptom	
AA Disease	Туре	Manifestations	Citation
allergic asthma	Al(OH)3	asthma	Elsakkar et al., 2016 [40]
	Al(OH)3		Bibi et al., 2014 [75]
allergic rhinitis	Al(OH)3	allergic rhinitis	Xi et al., 2014 [45]
		immune suppression	
	Al(OH)3	allergic rhinitis	Li and Geng, 2015 [66]
	Al(OH)3	allergic rhinitis	Yasar et al., 2016[39]
	Al(OH)3	allergic rhinitis	Yang et al., 2016[44]
bronchial asthma	Al(OH)3	bronchial asthma	
antiphospholipid	alhydrogel	APS antibodies	Zivković et al., 2013[80]
syndrome		Al(OH)3	Zivkovic et al., 2011[81]
arthritis	Al(OH)3	collagen-induced arthritis	Sagawa et al., 2005[46]
	Al(OH)3	severe destructive Lyme arthritis	Croke et al., 2000 [88]

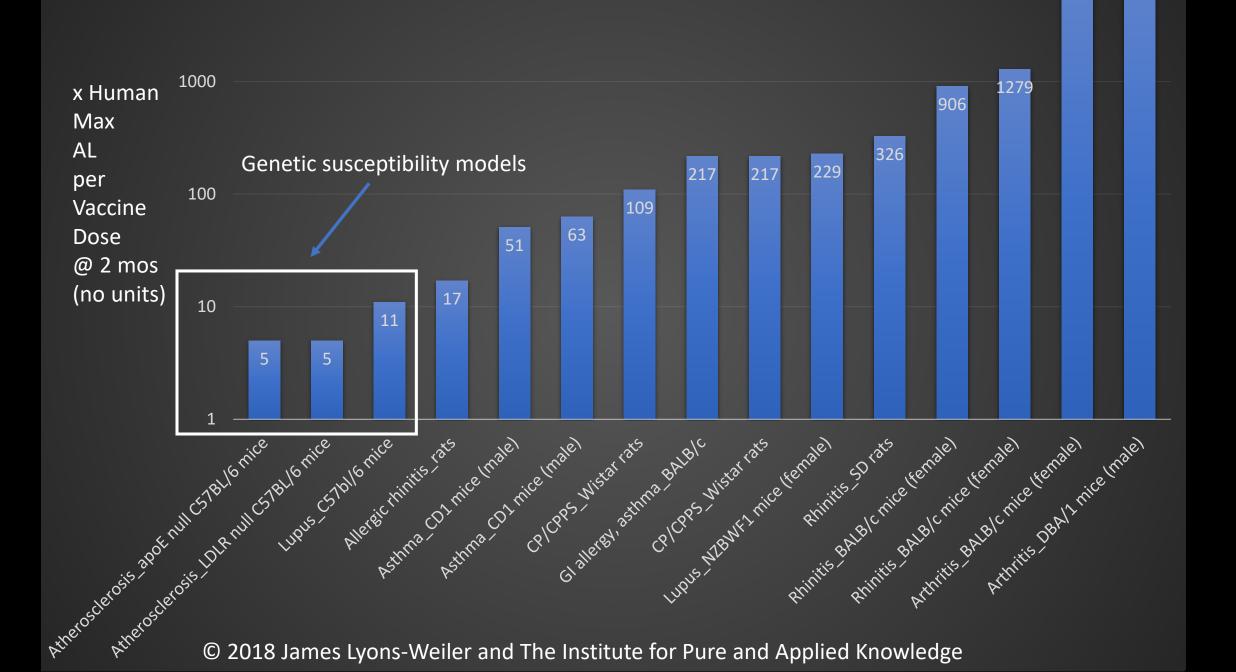
atherosclerosis chronic prostatitis/ chronic pelvic pain syndrome	AI(OH)3 AI(OH)3 AI(OH)3	OVA-specific IgG/ chymase increase atherosclerotic lesions increased TNF-α and IgG prostatitis	Nishizono et al. 1999 [101] Zhu et al. 2014[37] Qi et al., 2012
gastrointestinal allergy preceding asthma	aluminum potassium sulfate	pulmonary inflammation	Brandt et al., 2006 [42]
systemic lupus erythematosus	AI(OH)3	kidney tissue damage decreased RBCs memory deficits brain gliosis	Agmon-Levin et al., 2014 [43]
	AI(OH)3	DC and lymphocyte activation and Sm/RNP autoantigen	Kelly-Scumpia et al., 2007 [38]
	AI(OH)3	accelerate proteinuria weight loss	Favoino et al., 2014 [223]

motor neuron disease	Al(OH)3 motor neuron degeneration	motor deficits	Shaw & Petrik, 2009 [224]
Sjögren's Syndrome	Al(OH)3 dysfunction	salivary gland	Bagavant et al., 2014 [113]
food allergy	Al(OH)3	IG-E peanut allergy	Shishehbor et al., 2010 [118]
	Al(OH)3	soy, peanut, pea, apple, ovalbumin	Ahrens et al., 2014 [119]
	multiple vaccines allergies	peanut and egg	Hoyt et al. <i>,</i> 2015 [120]

How Do Animal Model Doses Compare to Human?

- Injected dosing expressed as mcg/kg
- Animal models mcg/kg / Human doses mcg/kg = no units (1X, 5X, 20X, etc)
- Animal weights were used as reported or estimated from the reported age of animals from suppliers' descriptions
- "Human dose" is the maximum amount expected at 2 mos in the US CDC Schedule (1,225 mcg) for average weight of 5.326 kg @ 2 mos
- This analysis does not consider accumulation
- Not all studies reported mcg amounts





Examples of Unfolded Protein Response/ER Stress in Autoimmune and Autoinflammatory Disorders

Table 3.

Condition	Evidence
Amyotrophic Lateral	Review
Sclerosis	
Gullain-Barre Syndrome	viral hijack

Detail ER morphology SOD1 accumulation stress granule protein

natoid Arthritis	anti-citrullinated
	protein antibodies
	haploinsufficiency
	immunohistochemistry

gene expression

GADD34 increased UPR signal GRP78 chaperone GRP78 increased BLIMP1 UPR

Reference

Jaronen et al, 2014 [148] Doyle et al., 2011 [149] Hou et al., 2017 [151]

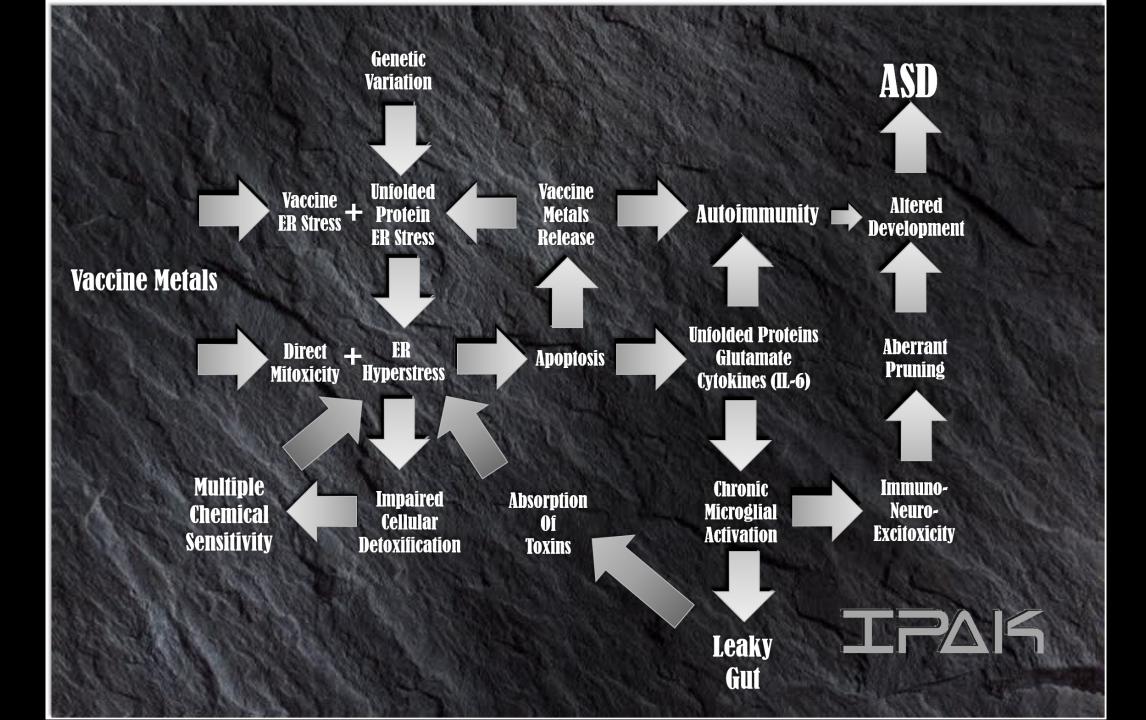
Clavarino et al. 2016 [152] Park et al. 2014 [95] Dong et al. 2009 [153] Garaud et al. 2011 [57]

Lupus

Rheun

Condition	Adjuvant	Vaccine	Reference
cognitive dysfunction	AI(OH)3	various	Couette et al., 2009[164]
	Al(OH)3		Levart, 2013[165]
	Al(OH)3	vaccines	Bassi et al., 2012[131]
Guillain-Barré Syndrome	AI(OH)3 H1N1	НерВ	Bogdanos et al., 2005[166] Ahmed et al., 2015[10,163]
Hypoinsulinism (Tissue Scurvy)	Various		Innis, 2013[167]
Rheumatoid arthritis (genetic predisposition)	N/A	H1N1	Basra et al., 2012[168] Ray et al., 2011 (cohort study)[96]
Narcolepsy	N/A	H1N1	Ahmed et al., 2015[10] Verstraeten et al., 2016[169]
vaccine induced immune	Al(OH)3	НерВ	Meyboom et al., 1995[170]
thrombocytopenic purpura (VI-ITP) n/a	MMR	Cecinati et al., 2013[171]
			O'Leary et al., 2012[172]

vaccine induced immune Al(OH)3 HepB Meyboom et al., 1995[170] thrombocytopenic purpura (VI-ITP) n/a MMR Cecinati et al., 2013[171] O'Leary et al., 2012[172] vasculitis, death AAHS HPV Tomljenovic and Shaw, 2012[173] vasculitis AAHS HPV Gomes et al, 2013[174] thrombocytopenic purpura AAHS HPV Souayah et al. 2011[175] Pugnet et al., 2009[176] demyelinating disease AAHS HPV Alvarez-Soria et al., 2011[177] systemic lupus erythematosus AAHS HPV Gatto et al., 2013[163] premature ovarian failure AAHS HPV Gatto et al., 2013[163]	Narcolepsy	N/A	H1N1	Ahmed et al., 2015[10]
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undifferentiated connective AL(OH)3 Hepatitis B Bruzzese et al., 2013[179]	undifferentiated connective	AL(OH)3	Hepatitis B	Bruzzese et al., 2013[179]
tissue disease AL(OH)3 Hepatitis B Perricone et al., 2013[162]	tissue disease	AL(OH)3	Hepatitis B	Perricone et al., 2013[162]



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