HEPATITIS B VACCINATION OF MALE NEONATES AND AUTISM DIAGNOSIS, NHIS 1997–2002

Carolyn M. Gallagher1,2, Melody S. Goodman2,3

1PhD Program in Population Health and Clinical Outcomes Research
2Department of Preventive Medicine
3Graduate Program in Public Health, Center for Public Health and Health Policy Research, Stony Brook University Medical Center, Health Sciences Center, State University of New York at Stony Brook, Stony Brook, New York, USA

Universal hepatitis B vaccination was recommended for U.S. newborns in 1991; however, safety findings are mixed. The association between hepatitis B vaccination of male neonates and parental report of autism diagnosis was determined. This cross-sectional study used weighted probability samples obtained from National Health Interview Survey 1997–2002 data sets. Vaccination status was determined from the vaccination record. Logistic regression was used to estimate the odds for autism diagnosis associated with neonatal hepatitis B vaccination among boys age 3–17 years, born before 1999, adjusted for race, maternal education, and two-parent household. Boys vaccinated as neonates had threefold greater odds for autism diagnosis compared to boys never vaccinated or vaccinated after the first month of life. Non-Hispanic white boys were 64% less likely to have autism diagnosis relative to nonwhite boys. Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period. Nonwhite boys bore a greater risk.

Universal newborn immunization with the hepatitis B vaccination was recommended in 1991 (CDC, 1991). A recent narrative review concluded that hepatitis B vaccines available since 1982 are safe and effective (Demirjian & Levy, 2009); however, safety findings from individual studies are mixed. In Vaccine Safety Datalink studies, Lewis et al. (2001) reported no evidence of a significant association between vaccination at birth and fever or neurological adverse events, Naleway et al. (2009) found an elevated, although not statistically significant, risk of immune hemolytic anemia in children vaccinated with hepatitis B vaccine, and Price et al. (2010) reported no association between autism and vaccination with the hepatitis B vaccination during the first month of life. Additionally, Marques et al. (2007) found no association between time of hepatitis B vaccination, i.e., within 24 hrs versus 2–4 days postnatally, and neurodevelopment delays at 6 months of age. In contrast, increased risk for central nervous system inflammatory demyelination in childhood were associated with hepatitis B vaccination (Mikaeloff et al., 2009). Further, hepatitis B vaccination has been associated with acute ear infection and pharyngitis, chronic arthritis (Fisher et al., 2001), and liver problems, such as jaundice (Fisher & Eklund, 1999), as well as

Received 18 February 2010; accepted 10 April 2010.

In this unfunded study, any analyses, interpretations, or conclusions reached are those of the authors, not the National Center for Health Statistics, which is responsible only for data collection.

Address correspondence to Carolyn M. Gallagher, MPH, 19 Beacon Hill Drive, Stony Brook, NY 11790, USA. E-mail: cmgallagher@notes.cc.sunysb.edu