The New England Journal of Medicine

Copyright © 2002 by the Massachusetts Medical Society

VOLUME 347 NOVEMBER 7, 2002 NUMBER 19



A POPULATION-BASED STUDY OF MEASLES, MUMPS, AND RUBELLA VACCINATION AND AUTISM

Kreesten Meldgaard Madsen, M.D., Anders Hviid, M.Sc., Mogens Vestergaard, M.D., Diana Schendel, Ph.D., Jan Wohlfahrt, M.Sc., Poul Thorsen, M.D., Jørn Olsen, M.D., and Mads Melbye, M.D.

ABSTRACT

Background It has been suggested that vaccination against measles, mumps, and rubella (MMR) is a cause of autism.

Methods We conducted a retrospective cohort study of all children born in Denmark from January 1991 through December 1998. The cohort was selected on the basis of data from the Danish Civil Registration System, which assigns a unique identification number to every live-born infant and new resident in Denmark. MMR-vaccination status was obtained from the Danish National Board of Health. Information on the children's autism status was obtained from the Danish Psychiatric Central Register, which contains information on all diagnoses received by patients in psychiatric hospitals and outpatient clinics in Denmark. We obtained information on potential confounders from the Danish Medical Birth Registry, the National Hospital Registry, and Statistics Denmark.

Results Of the 537,303 children in the cohort (representing 2,129,864 person-years), 440,655 (82.0 percent) had received the MMR vaccine. We identified 316 children with a diagnosis of autistic disorder and 422 with a diagnosis of other autistic-spectrum disorders. After adjustment for potential confounders, the relative risk of autistic disorder in the group of vaccinated children, as compared with the unvaccinated group, was 0.92 (95 percent confidence interval, 0.68 to 1.24), and the relative risk of another autistic-spectrum disorder was 0.83 (95 percent confidence interval, 0.65 to 1.07). There was no association between the age at the time of vaccination, the time since vaccination, or the date of vaccination and the development of autistic disorder.

Conclusions This study provides strong evidence against the hypothesis that MMR vaccination causes autism. (N Engl J Med 2002;347:1477-82.)
Copyright © 2002 Massachusetts Medical Society.

T has been suggested that the measles, mumps, and rubella (MMR) vaccine causes autism.¹⁻⁴ The widespread use of the MMR vaccine has reportedly coincided with an increase in the incidence of autism in California,5 and there are case reports of children in whom signs of both developmental regression and gastrointestinal symptoms developed shortly after MMR vaccination.1 Measles virus has been found in the terminal ileum in children with developmental disorders and gastrointestinal symptoms but not in developmentally normal children with gastrointestinal symptoms.⁶ The measles virus used in the MMR vaccine is a live attenuated virus that normally causes no symptoms or only very mild ones. However, wild-type measles can infect the central nervous system and even cause postinfectious encephalomyelitis, probably as a result of an immune-mediated response to myelin proteins.7-9

Studies designed to evaluate the suggested link between MMR vaccination and autism do not support an association, but the evidence is weak and based on case-series, cross-sectional, and ecologic studies. No studies have had sufficient statistical power to detect an association, and none had a population-based cohort design.¹⁰⁻¹⁶ The World Health Organization and other organizations have requested further investigation of the hypothetical association between the MMR vaccine and autism.^{2,17-20} We evaluated the hypothesis in a cohort study that included all children born in Denmark in 1991 through 1998.

From the Danish Epidemiology Science Center, Department of Epidemiology and Social Medicine, Århus, Denmark (K.M.M., M.V., P.T., J.O.); the Danish Epidemiology Science Center, Department of Epidemiology Research, Statens Serum Institute, Copenhagen, Denmark (A.H., J.W., M.M.); and the National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta (D.S.). Address reprint requests to Dr. Madsen at the Danish Epidemiology Science Center, Department of Epidemiology and Social Medicine, Vennelyst Blvd. 6, DK-8000, Aarhus C, Denmark, or at kmm@dadlnet.dk.