July 14, 2026

VIA EMAIL

Interagency Autism Coordinating Committee
IACCPublicInquiries@mail.nih.gov

Re: *Request for Action - Autism Spectrum Disorder and Vaccine-Induced Encephalopathy*

Dear Chair Fogel and IACC Members:

We write on behalf of Informed Consent Action Network ("**ICAN**")[1] to respectfully request that Interagency Autism Coordinating Committee ("**IACC**"), consistent with its statutory responsibilities, charter, and role as the federal government's principal coordinating body on autism-related issues, provide clear guidance on distinguishing between Autism Spectrum Disorder ("**ASD**") and Vaccine-Induced Encephalopathy ("**VIE**").

IACC's charter require it to "(2) summarize advances in autism spectrum disorder research related to causes, prevention, treatment, early screening, diagnosis or ruling out a diagnosis…; (3) make recommendations to the Secretary regarding any appropriate changes to such activities…; (5) develop a strategic plan for the conduct of, and support for, autism spectrum disorder research…."[2]

These duties position IACC as a key authority in clarifying diagnostic and etiological aspects of ASD to support accurate public health messaging, research, and clinical practices. Indeed, the reliability of ASD research, prevalence estimates, treatment recommendations, and public-health policy depends upon accurate classification of affected individuals. Where distinct clinical conditions are grouped together under a single diagnostic label, research findings may be distorted and affected individuals may not receive appropriate evaluation or treatment.

To fulfil IACC's mandate, we urge IACC to consider the following actions:

(1) Issue a formal statement, advisory opinion, report, or addendum to its strategic plan describing the clinical, diagnostic, and etiological distinctions between ASD and VIE;
(2) Convene a workshop, working group, or expert panel to evaluate the available scientific and clinical evidence concerning those distinctions;
(3) Recommend research priorities aimed at identifying objective diagnostic markers that may assist clinicians in differentiating ASD from VIE; and

[1] We previously wrote the Committee on March 5, 2026 asking it to review the association between autism and infant vaccines. That letter went unanswered and unaddressed at the March 19, 2026 meeting and so we now renew that request.

[2] https://gsa-geo.my.salesforce.com/sfc/p/#t0000000Gyj0/a/SJ000001yRsn/Xn_0_D67rGRMMb9DDwOPNkfFNvJXz4kHSksXDUxQ7ik.

(4) Encourage the development of clinical guidance regarding evaluation of children who experience developmental regression, neurological injury, seizures, encephalopathy, or other neurological symptoms following vaccination.

The fact that vaccines can induce encephalopathy is not in question. As you are likely aware, "encephalopathy or encephalitis" is listed on the Vaccine Injury Compensation Table for vaccines containing pertussis, measles, mumps, or rubella components.[3] In addition, the manufacturers of many childhood vaccines list encephalitis and/or encephalopathy in Section 6.2 of the vaccine package insert, including DTaP (Infanrix), Hepatitis A (Vaqta, Haverix), Hepatitis B (Recombivax, Engerix-B), MMR (Priorix, MMR II), Tdap (Boostrix), and Varicella (Varivax).[4] Federal law specifies that manufacturers are to disclose "only those adverse events for which there is some basis to believe there is a causal relationship between the drug and the occurrence of the adverse event."[5] Thus, the need to clearly define VIE is vital.

A clear distinction between these conditions is particularly important in the context of the Vaccine Injury Compensation Program ("**VICP**"). When encephalopathy is classified as ASD rather than a vaccine-induced injury, unknowing parents may be barred from just compensation due to a lapsing statute of limitations and such misclassification may also impede recognition of potentially compensable injuries, hinder epidemiological tracking of vaccine-related adverse events, and obscure the true incidence and characteristics of post-vaccination neurological injuries.

Moreover, the absence of a clear distinction between ASD and VIE may result in ASD-diagnosed children not receiving comprehensive neurological evaluations that could identify evidence of encephalopathy or other brain injury. This may affect treatment decisions, access to services, informed consent discussions, and the accuracy of medical records relied upon by researchers, regulators, and policymakers.

It is critical that IACC address the foregoing proposed actions to ensure that children receive appropriate medical evaluation and care, that researchers and policymakers have access to accurate diagnostic information, and that federal autism-related activities are informed by the most precise classifications possible. The requested clarification would promote scientific rigor, improve transparency, and further IACC's statutory mission of advancing understanding of ASD and related conditions. We appreciate your consideration of this request and would welcome the opportunity to provide any additional information that may assist the Committee in evaluating these issues.

Very truly yours,

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[3] https://www.hrsa.gov/sites/default/files/hrsa/vicp/vaccine-injury-table-01-03-2022.pdf.

[4] *See* the vaccine package inserts for Infanrix (https://www.fda.gov/media/75157/download), Vaqta (https://www.fda.gov/media/74519/download), Haverix (https://www.fda.gov/media/119388/download), Recombivax (https://www.fda.gov/media/74274/download), Engerix-B (https://www.fda.gov/media/119403/download), Priorix (https://www.fda.gov/media/189623/download), M-M-R II (https://www.fda.gov/media/75191/download), Boostrix (https://www.fda.gov/media/124002/download), and Varivax (https://www.fda.gov/media/76000/download).

[5] https://www.ecfr.gov/current/title-21/chapter-I/subchapter-C/part-201/subpart-B/section-201.57 (https://perma.cc/YFL5-7C3K).