

TABLE 1-1 Summary of the Evidence For or Against a Determination of a Causal Relation^a

Vaccine and Adverse Event	Biologic Plausibility^b	Case Reports, Case Series, and Uncontrolled Observational Studies	Controlled Observational Studies and Controlled Clinical Trials
<i>Diphtheria and Tetanus Toxoids^c</i>			
Encephalopathy	Demonstrated	Indeterminate	Against (DT) No data (Td, T)
Infantile spasms ^d (DT only)	Theoretical only	No data	Against
Residual seizure disorders other than infantile spasms	Theoretical only	Indeterminate (DT, T) No data (Td)	No data
Demyelinating diseases of the central nervous system	Demonstrated	For	No data
Guillain-Barré syndrome	Demonstrated	For (T) Indeterminate (DT, Td)	No data
Mononeuropathy	Theoretical only	Indeterminate (T, Td) No data (DT)	No data
Brachial neuritis	Theoretical only	For (T) Indeterminate (Td) No data (DT)	No data
Arthritis	Theoretical only	Indeterminate	No data
Erythema multiforme	Theoretical only	Indeterminate (DT, Td) NO data (T)	No data
Anaphylaxis	Demonstrated	For (T) Indeterminate (DT, Td)	No data
Death from SIDS (DT only) ^e	Theoretical only	Indeterminate	Against
<i>Measles Vaccine^f</i>			
Encephalopathy	Demonstrated	Indeterminate	Indeterminate
Subacute sclerosing panencephalitis	Demonstrated	Indeterminate	Indeterminate
Residual seizure disorder	Demonstrated	Indeterminate	No data
Sensorineural deafness	Theoretical only	Indeterminate (MMR)	No data
Optic neuritis	Demonstrated	Indeterminate	No data
Transverse myelitis	Demonstrated	Indeterminate	No data
Guillain-Barré syndrome	Demonstrated	Indeterminate	No data
Thrombocytopenia	Demonstrated	Indeterminate (measles) For (MMR)	Indeterminate (measles) No data (MMR)
Insulin-dependent diabetes mellitus	Theoretical only	Indeterminate	Indeterminate
Anaphylaxis	Theoretical only	For	No data
Death from vaccine-strain vital	Demonstrated	For	No data

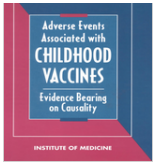
infection ^e			
<i>Mumps Vaccine</i> ^f			
Encephalopathy	Demonstrated	Indeterminate	No data
Aseptic meningitis	Demonstrated	Indeterminate	No data
Residual seizure disorder	Theoretical only	No data	No data
Neuropathy	Theoretical only	No data	No data
Sensorineural deafness	Demonstrated	Indeterminate (MMR)	No data
Insulin-dependent diabetes mellitus	Demonstrated	Indeterminate	Indeterminate
Sterility	Demonstrated	No data	No data
Thrombocytopenia	Demonstrated	Indeterminate	No data
Anaphylaxis	Theoretical only	Indeterminate (MMR)	No data
<i>Polio Vaccine (OPV and IPV)</i> ^g			
Guillain-Barré syndrome	Demonstrated (OPV) Theoretical only (IPV)	For (OPV) Indeterminate (IPV)	For (OPV) No data (IPV)
Transverse myelitis	Demonstrated (OPV) Theoretical only (IPV)	Indeterminate (OPV) No data (IPV)	No data
Poliomyelitis (OPV only)	Demonstrate	For	No data
Thrombocytopenia (IPV)	Theoretical only	No data	No data
Anaphylaxis (IPV)	Theoretical only	No data	No data
Death from SIDS ^e	Theoretical only	Indeterminate	Indeterminate
Death from vaccine-strain viral infection, including from paralytic polio myelitis (OPV only) ^e	Demonstrated	For	No data
<i>Hepatitis B Vaccine</i>			
Guillain-Barré syndrome	Demonstrated	Indeterminate	No data
Demyelinating diseases of the central nervous system	Demonstrated	Indeterminate	No data
Arthritis	Demonstrated	Indeterminate	No data
Anaphylaxis	Theoretical only	For	No data
Death from SIDS ^e	Theoretical only	Indeterminate	No data
<i>Haemophilus influenzae</i> type b Vaccine			
Guillain-Barré syndrome	Theoretical only	Indeterminate	No data
Transverse myelitis	Theoretical only	Indeterminate	No data

Thrombocytopenia	Theoretical only	Indeterminate	Indeterminate
Susceptibility to early Hib disease ^h	Demonstrated	Indeterminate	For (PRP) Against (conjugated)
Anaphylaxis	Theoretical only	Indeterminate	No data
Death from SIDS ^e	Theoretical only	Indeterminate	No dam

- a Indeterminate indicates that there is evidence in this category, but the committee did not consider that, on the whole, it weighed either for or against a causal relation. *No data* indicates that the committee did not find data of tiffs type directly bearing on a causal relation between the vaccine and the adverse event.
- b The committee considered all adverse events to be theoretically plausible and, therefore, classified plausibility in support of causality as either theoretical only or demonstrated. Demonstrated biologic plausibility refers to information on the known effects of the natural disease against which the vaccine is given and the results of animal experiments and in vitro studies.
- c Unless noted otherwise, the classification for tetanus toxoid (T), diphtheria-tetanus toxoid for pediatric use (DT), and tetanus-diphtheria toxoid for adult use (Td) is the same. The committee was not charged with assessing monovalent diphtheria toxoid or the combined diphtheria and tetanus toxoids and pertussis vaccine (DPT). In [Appendix A](#), see the Executive Summary of *Adverse Effects of Pertussis and Rubella Vaccines* for conclusions about DPT.
- d Infantile spasms occur only in the age group that receives DT but not Td or T. A possible causal relation between infantile spasms and Td and T was not examined.
- e In this table, the committee summarizes the data regarding the causal relation between the vaccine and only those deaths that are classified as sudden infant death syndrome (SIDS) or that are a consequence of vaccine-strain viral infection. SIDS occurs primarily in infants too young to receive tetanus and diphtheria toxoids for adult use, measles vaccine, mumps vaccine, or usually, tetanus toxoid. Therefore, a relation between these vaccines and SIDS was not assessed. If the evidence favors the acceptance of (or establishes) a causal relation between a vaccine and an adverse event, and if that adverse event can be fatal, then in the committee's judgment the evidence favors the acceptance of (or establishes) a causal relation between the vaccine and death from the adverse event. Direct evidence regarding death in association with a potentially fatal adverse event that itself is causally related to the vaccine is limited to tetanus-diphtheria toxoid for adult use and Guillain-Barré syndrome, tetanus toxoid and anaphylaxis, and oral polio vaccine (OPV) and poliomyelitis. Direct evidence regarding death in association with a potentially fatal adverse event that itself is causally related to the vaccine is lacking for measles vaccine and anaphylaxis, MMR and anaphylaxis, OPV and Guillain-Barré syndrome, hepatitis B vaccine and anaphylaxis, and *Haemophilus influenzae* type b unconjugated PRP vaccine and early-onset *Haemophilus influenzae* type b disease in children age 18 months or older who receive their first Hib immunization with unconjugated PRP vaccine. See [Chapter 10](#) for details, The data are indeterminate regarding the causal relation between the vaccine and causes of death other than those discussed above. Data regarding death as an adverse consequence of the vaccines under review are discussed in [Chapter 10](#) rather than in the vaccine-specific chapters.
- f The committee was charged with assessing the causal relation between several adverse events and measles vaccine or mumps vaccine. The committee was not charged with assessing monovalent rubella vaccine. In [Appendix A](#), see the Executive Summary of *Adverse Effects of Pertussis and Rubella Vaccines* for conclusions regarding rubella vaccine. (MMR) indicates that the data derive exclusively from the multivalent preparation.
- g OPV is oral polio vaccine; IPV is inactivated polio vaccine.
- h The committee assessed data regarding the increased susceptibility to *Haemophilus influenzae* type b disease within 7 days of immunization with *Haemophilus influenzae* type b vaccine. For this adverse event only, the committee was able to separate the data regarding the unconjugated (PRP) vaccine from the data regarding the conjugated vaccines.

From: 1, Executive Summary

 Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality.



Institute of Medicine (US) Vaccine Safety Committee; Stratton KR, Howe CJ, Johnston RB Jr., editors.
Washington (DC): National Academies Press (US); 1994.

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