1. WHAT IS ALUMINUM?

Aluminum is a silvery-white, moldable, and durable light metal. These qualities make it useful in numerous industries and products, including machinery, construction, storage, cookware, eating utensils, textiles, dyes, and cosmetics. Aluminum is also the most abundant metal in the Earth's crust, and virtually all aluminum in the environment is in soil. However, aluminum is not naturally found in significant amounts in living organisms (such as plants and animals), and aluminum has no known biological function. During the past century, aluminum usage in certain products has led to higher human exposure. The greatest sources of such exposure are aluminum-containing foods (e.g., baking powder, processed foods, infant formulas, etc.), medical products (e.g., antiperspirants, antacids, etc.), and vaccines.

2. WHY IS ALUMINUM IN VACCINES?

Certain vaccines use aluminum compounds (i.e., aluminum hydroxide and aluminum phosphate) as adjuvants, ingredients that enhance the immune response to an antigen (foreign substance). The U.S. Food and Drug Administration (FDA) states that if some vaccines did not include aluminum, the immune response they trigger may be diminished.

3. WHICH VACCINES CONTAIN ALUMINUM?

The following vaccines contain aluminum and are administered to infants, children and adolescents (Fig. 1):

- Hepatitis B (HepB)
- Diphtheria, tetanus, and pertussis (whooping cough) (DTaP and Tdap)
- *Haemophilus influenzae* type b (PedvaxHIB)
- Pneumococcal (PCV)
- Hepatitis A (HepA)
- Human papillomavirus (HPV)
- Meningococcal B (MenB)

4. IS EXPOSURE TO ALUMINUM SAFE?

The FDA has considered aluminum to be generally recognized as safe (GRAS) since 1975. However, before 1990, the technology did not exist to accurately detect small quantities of aluminum administered to subjects in scientific studies. Consequently, the amount of aluminum that could be absorbed before the onset of negative effects was not known.

Since 1990, due to advancements in technology, small amounts of aluminum that remain in the human body have been observed to interfere with a variety of cellular and metabolic processes in the nervous system and in tissues of other parts of the body. The greatest negative effects of aluminum have been observed in the nervous system and range from motor skill impairment to encephalopathy (altered mental state, personality changes, difficulty thinking, loss of memory, seizures, coma, and more).

The U.S. Department of Health and Human Services (HHS) recognizes aluminum as a known neurotoxin. In addition, the FDA has warned about the risks of aluminum toxicity in infants and children.

5. HOW MUCH ORAL ALUMINUM IS UNSAFE?

In 2008, the Agency for Toxic Substances and Disease Registry (ATSDR), a division of HHS, used studies of the neurotoxic effects of aluminum to determine that no more than 1 milligram (mg) (1,000 micrograms [mcg]) of aluminum per kilogram (kg) of body weight should be taken orally per day to avoid aluminum's negative effects.
6. HOW MUCH INJECTED ALUMINUM IS UNSAFE?

To determine the amount of aluminum that can be safely injected requires a conversion of the ATSDR oral aluminum limit. The ATSDR oral aluminum limit is based on 0.1% of oral aluminum being absorbed into the bloodstream, as the digestive tract blocks nearly all oral aluminum (Fig. 2a). In contrast, aluminum injected intramuscularly bypasses the digestive tract, and 100% of aluminum may be absorbed into the bloodstream over time (i.e., the proportion of absorbed aluminum is 1,000 times greater). To account for these different absorption amounts, the ATSDR oral aluminum limit must be divided by 1,000. This conversion results in an ATSDR-derived bloodstream aluminum limit of 1 mcg of aluminum (0.1% of 1,000 mcg) per kg of body weight per day (Fig. 2b). Consequently, to avoid the neurotoxic effects of aluminum, no more than 1 mcg of aluminum per kg of body weight should enter the bloodstream on a daily basis. Figure 3 shows the ATSDR-derived bloodstream aluminum limit for infants of various ages based on their weight.

7. HOW MUCH ALUMINUM IS IN VACCINES?

The amount of aluminum in vaccines varies. In 1968, the federal government set the limit for the amount of aluminum in vaccines to 850 mcg per dose based on the amount of aluminum needed to make certain vaccines effective. Consequently, the amount of aluminum in aluminum-containing childhood vaccines ranges from 125 to 850 mcg per dose. Figure 4 shows the aluminum content of one dose of various vaccines administered to children.

8. HAVE ANY STUDIES COMPARED THE AMOUNT OF ALUMINUM IN VACCINES TO THE ATSDR-DERIVED LIMIT?

A recent study that intended to compare the amount of aluminum in vaccines to the ATSDR-derived bloodstream limit was published in 2011. However, this study incorrectly based its calculations on 0.78% of oral aluminum being absorbed into the bloodstream rather than the value of 0.1% used by the ATSDR in its computations. As a result, the 2011 study assumed that nearly 8 (0.78%/0.1%) times more aluminum can safely enter the bloodstream, and this led to an incorrect conclusion.

9. IS EXPOSURE TO ALUMINUM FROM VACCINES SAFE?

Vaccines are injected intramuscularly, and the rate at which aluminum from vaccines migrates from human muscle to the bloodstream is not known. Studies in animals suggest that it can take from a couple of months to more than a year for aluminum from vaccines to enter into the bloodstream, due to multiple variables. Because the cumulative aluminum exposure from vaccines in children less than 1 year old exceeds the ATSDR-derived daily limit by several hundreds (Figs. 3 and 4), the limit would still be exceeded if aluminum from vaccines entered the bloodstream over the course of about a year. Moreover, studies have shown that aluminum from vaccines is absorbed by immune cells that travel to distant parts of the body, including the brain.

Studies have also shown that adverse effects of aluminum in vaccines may not be restricted to neurological conditions. A study published in *Academic Pediatrics* found that asthma occurred in 1 in 183 vaccinated children for every 1 mg (1,000 mcg) increase in aluminum exposure.

The extent of the negative effects of aluminum in vaccines is not known, as safety studies comparing a population vaccinated with aluminum-containing vaccines to a population not vaccinated with such vaccines have not been conducted.

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**ALUMINUM – VACCINE RISK STATEMENT (VRS)**

**21,22 2,14,15 16 7,18,19**

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All references are available at physiciansforinformedconsent.org/aluminum.
REFERENCES


18. GlaxoSmithKline Biologics. Rixensart, Belgium: GlaxoSmithKline. Kinrix (diptheria and tetanus toxoids and acellular pertussis vaccine adsorbed and inactivated poliovirus vaccine); [cited 2023 Apr 9]. http://wayback.archive-it.org/7993/20170723023453/https:// www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ ApprovedProducts/UCM241453.pdf; as of November 2022, the FDA posted an updated package insert, with decreased aluminum content, to its Kinrix product information webpage. No documentation is available explaining the change in the aluminum content. PIC has filed a FOIA request to examine the discrepancy.

19. GlaxoSmithKline Biologics. Rixensart, Belgium: GlaxoSmithKline. Infanrix (diptheria and tetanus toxoids and acellular pertussis vaccine adsorbed); [cited 2023 Feb 23]. http://wayback.archive-it.org/7993/20170723024611/https://www.fda.gov/downloads/ BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM124514. pdf; as of November 2022, the FDA posted an updated package insert, with decreased aluminum content, to its Infanrix product information webpage. No documentation is available explaining the change in the aluminum content. PIC has filed a FOIA request to examine the discrepancy.


27. Daley MF, Reifler LM, Glanz JM, Hambidge SJ, Getahun D, Irving SA, Nordin JD, McClure DL, Klein NP, Jackson ML, Kamidani S, Duffy J, DeStefano F. Association between aluminum exposure from vaccines before age 24 months and persistent asthma at age 24 to 59 months. Acad Pediatr. 2022 Sep 27:S1876-2859(22)00417-X. Epub ahead of print. https://pubmed.ncbi.nlm.nih.gov/36180331/; the study found a 26% increased risk of asthma for every 1 mg increase in aluminum exposure. Because the overall risk of asthma in children without eczema was 2.1%, an increased risk of 26% results in an absolute risk of 0.546% (2.1% times 26%, or 1 in 183).