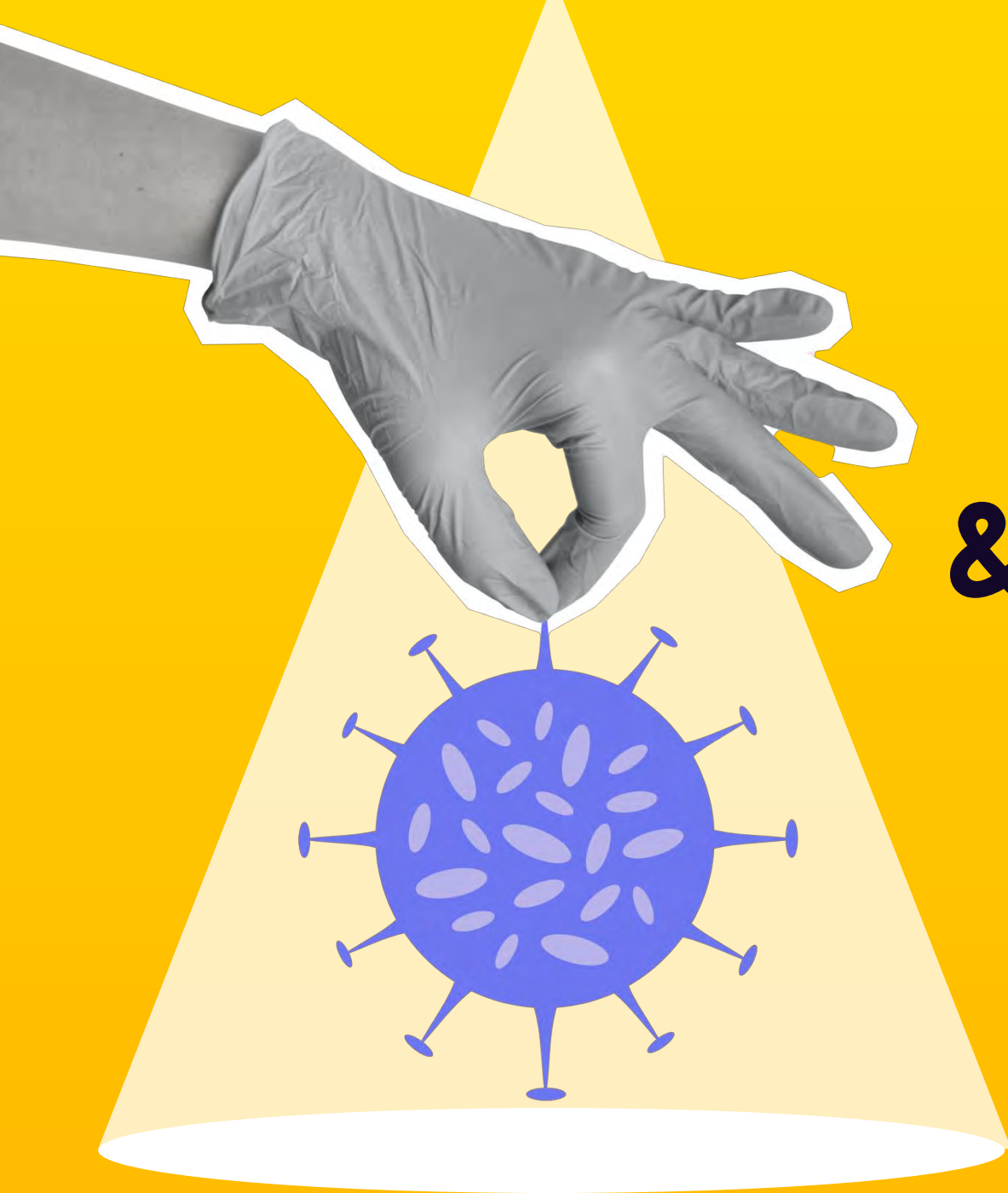




MMR, Autism, & the Evidence:

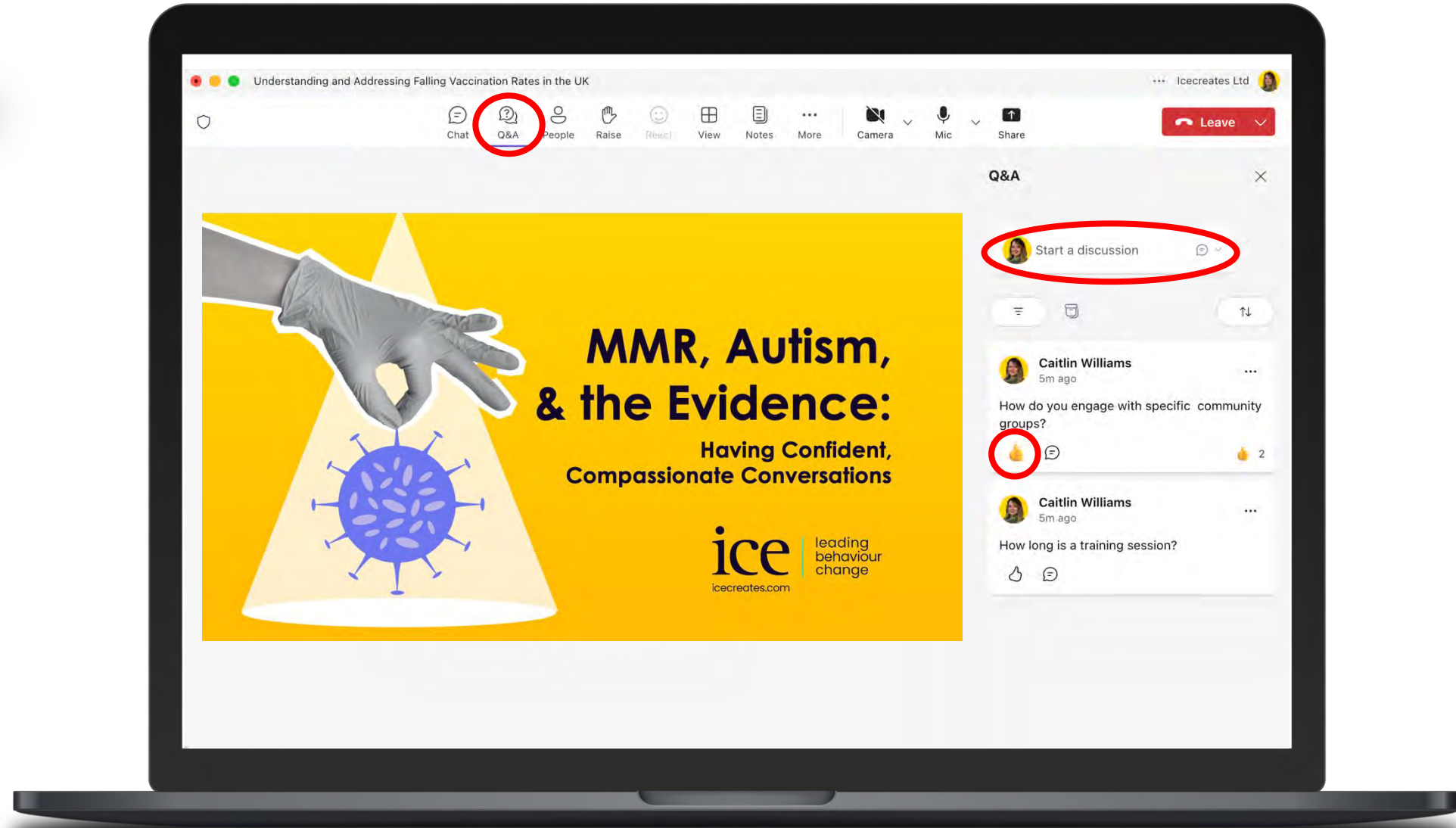
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Using the Q&A



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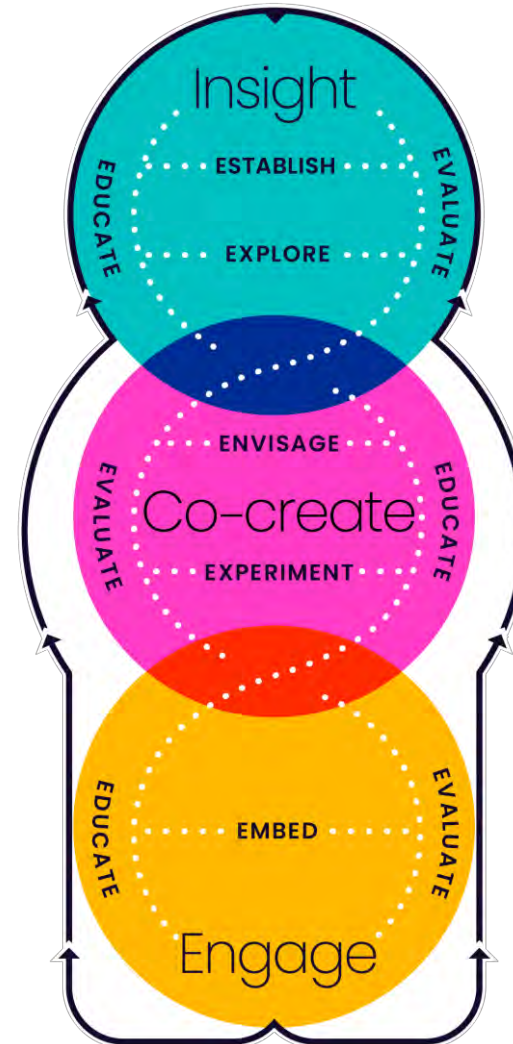
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We work with **people**, their **communities and organisations** to overcome their toughest challenges and **make better happen.**

We take a person-centred approach...

To **engage** people in ways that are meaningful for them, are grounded in **insight** and are **co-created** with people.



⚠ Before we begin — an important note

We are not medical professionals. This webinar simply summarises what published scientific literature says.

We will be presenting **findings from peer-reviewed studies**, we did not conduct them. We will share all information sources, please refer to the original papers for full detail and context.



Why this question still matters

Despite decades of evidence, vaccine–autism concern persists and carries a real public-health cost.



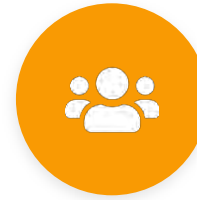
Widespread concern

MMR and DPT are the vaccines most often blamed; a Google Scholar search for “vaccine” + “autism” returns ~67,700 results.



Diseases returning

Eroding trust has fueled the resurgence of preventable illnesses such as measles, mumps and rubella.



Parental anxiety

Parents often notice developmental differences in the first year and look for a cause, frequently the recent vaccine is blamed.



Decisions need evidence

Not vaccinating a child over autism fears must be weighed carefully against the current scientific record.

What is autism?

- **Autism influences how people experience and interact with the world**. It is a lifelong neurodivergence and disability. Autistic people are different from each other, but for a diagnosis they must share differences from non-autistic people in how they think, feel and communicate.
- Being autistic means you may feel things and react to them differently to non-autistic people. You may find socialising confusing or tiring, and you may become overwhelmed in loud or busy places. You may have intense interests, prefer order and routine, and use repeated movements or actions to calm yourself or express joy. You might mask your discomfort to fit in, which can lead to mental illness.

<https://www.autism.org.uk/advice-and-guidance/what-is-autism>

Understanding autism: a lifelong neurodivergence

What autism is

Autism influences how people experience and interact with the world. It is a lifelong neurodivergence and disability.

Autistic people are different from each other, but a diagnosis requires shared differences from non-autistic people in how they think, feel and communicate.

It is not an illness to be cured — it is a different way of processing the world.



Sensing and feeling differently

You may feel things and react to them differently, find socialising confusing or tiring, and become overwhelmed in loud or busy places.



Interests, order and stimming

Many autistic people have intense interests, prefer order and routine, and use repeated movements to calm themselves or express joy.



The cost of masking

Some people mask their discomfort to fit in with those around them. Sustained masking is exhausting and can lead to mental illness.

Autism spectrum disorder: a multifactorial condition

What ASD is

Lifelong developmental disorders marked by social, communication, and behavioral difficulties, with repetitive and inflexible patterns.

Spectrum includes autistic disorder, Asperger syndrome, and PDD-NOS; autism sits at the most severe end.

Often accompanied by epilepsy, GI disorders, intellectual disability, and in some cases hyperactivity.



Strongly genetic

Causes are multifactorial with a strong genetic component; a specific cause is identified in very few cases.



Present from birth

Neurological findings likely emerge in early embryonic development — before any vaccine is given.



Rising prevalence

Current estimates suggest around 1% to 2% of the population is on the autism spectrum. This translates to over 700,000 to 1.2 million autistic adults and children

Autism is genetic - and why this information matters now

Dr Judith Brown is our Head of Autism Knowledge and Expertise

15/09/2026



Dr Judith Brown is our Head of Autism Knowledge and Expertise. In this blog, she explains why our charity is updating our advice and guidance to state definitively that autism is genetic.

Today, the National Autistic Society is stating definitively for the first time that autism is genetic. You're born autistic and you're autistic for life.

<https://www.autism.org.uk/blog/autism-is-genetic-%E2%80%93-and-why-this-information-matters-now>

What the National Autistic Society says...

Myth: Vaccines

- Autism is genetic. You're born autistic and you're autistic for life, and nothing you do changes that, including getting vaccines.
- **There isn't a single 'autism gene'**. Thousands of genes combine to make a person autistic. Scientists have identified many of these genes, but they think there are still many more to find. And **there is no genetic test for autism**. We don't fully understand how genes combine to make a person autistic. It is complex and no simple test can give an accurate answer. **Genetic testing cannot predict whether a child will be autistic or not**, and it **can't be used to diagnose** someone as autistic.
- In the 1990s, some bad science caused a 'health scare' about the measles, mumps and rubella (MMR) vaccine. This is where the worries about autism and vaccines came from. This bad science has been shown to be completely wrong.

<https://www.autism.org.uk/advice-and-guidance/about-autism/myths-about-the-causes-of-autism>

Environmental Factors

A person is much more likely to be autistic because of genes they got from their parents than any other factor. But in some cases, there are other factors that affect genes and contribute to a person being autistic.

There are two types of these factors:

- ‘Environmental’ factors that can influence genes
- Random genetic changes.

‘Environmental’ factors that can influence genes

There are only two environmental factors that make it much more likely a baby will be born autistic even without getting genes from their parents. They are:

- the mum having rubella (‘German measles’) in the first trimester of pregnancy, which can cause ‘congenital rubella syndrome’ in the baby
- the mum taking the anti-seizure medication valproate while pregnant.

Other Environmental Factors

Other 'environmental' factors cannot make a person autistic on their own. Generally, the person must already have genes from their parents that could make them autistic, and these factors make it more likely that they will be autistic. But the impact is small and unpredictable: these factors may make a difference for some people but not for others.

When scientists talk about 'environmental' factors that make it slightly more likely that a person is autistic, they mean things like:

- the dad being older than 40-50 when the mum got pregnant (this may be due to changes in the dad's genes that are more common as men age, but we don't know for sure)
- the mum being older than 30 when they got pregnant (this is less impactful than the dad being older, but the potential impact increases as the mum gets older)
- the mum getting serious or frequent infections with a fever while pregnant
- the baby being born 'prematurely' (too early)
- the baby having a low weight at birth
- the baby not getting enough oxygen.

<https://www.autism.org.uk/advice-and-guidance/about-autism/what-causes-autism>

Random Genetic Changes

Random genetic changes

- Less commonly, even if a person didn't get genes from their parents that made them autistic, random changes can happen in their genes that make them autistic.
- Scientists call these changes 'de novo mutations'. They can happen in the sperm or egg, or in the early development of the baby in the womb (before the baby is born).

Some of these random changes make it very likely that the person will be autistic. People with more of these random changes are also much more likely to have learning disabilities and health problems.

What the National Autistic Society says...

Is the MMR vaccine safe? Yes.

The original MMR vaccine is safe.

After Andrew Wakefield's fake research, lots of new research was done to make sure the vaccine was safe. This research found no link between the MMR vaccine and autism.

Is the MMRV vaccine safe? Yes.

The new MMRV vaccine is also safe.

The MMRV vaccine includes the MMR vaccine plus the vaccine for 'varicella' (chicken pox).

Are other vaccines safe? Yes.

All vaccines must go through many tests to make sure they are safe.

Watch a short video and read more information about [vaccine safety on the NHS website](#).

The damage of Andrew Wakefield

- The discredited idea that childhood vaccines are linked to autism was raised by British doctor Andrew Wakefield in 1998.
- Wakefield was later found to have financial conflicts of interest with the plaintiffs lawyers and some of his **12 test patients were connected with a lawsuit against vaccine companies**
- The General Medical Council (GMC) found that **he falsified his results.**
- The **research paper was retracted and Wakefield was struck off by the GMC in 2010.**
- Multiple studies since have found no link between the MMR vaccine and autism.
- A high-quality study from Denmark in 2019 - **looked at 657,461 children and concluded that the data did not support the MMR vaccine causing or triggering autism.**

Vaccines DO NOT:

overload or weaken the immune system

it's safe to give children and adults several vaccines at a time and this reduces the amount of injections needed

contain mercury

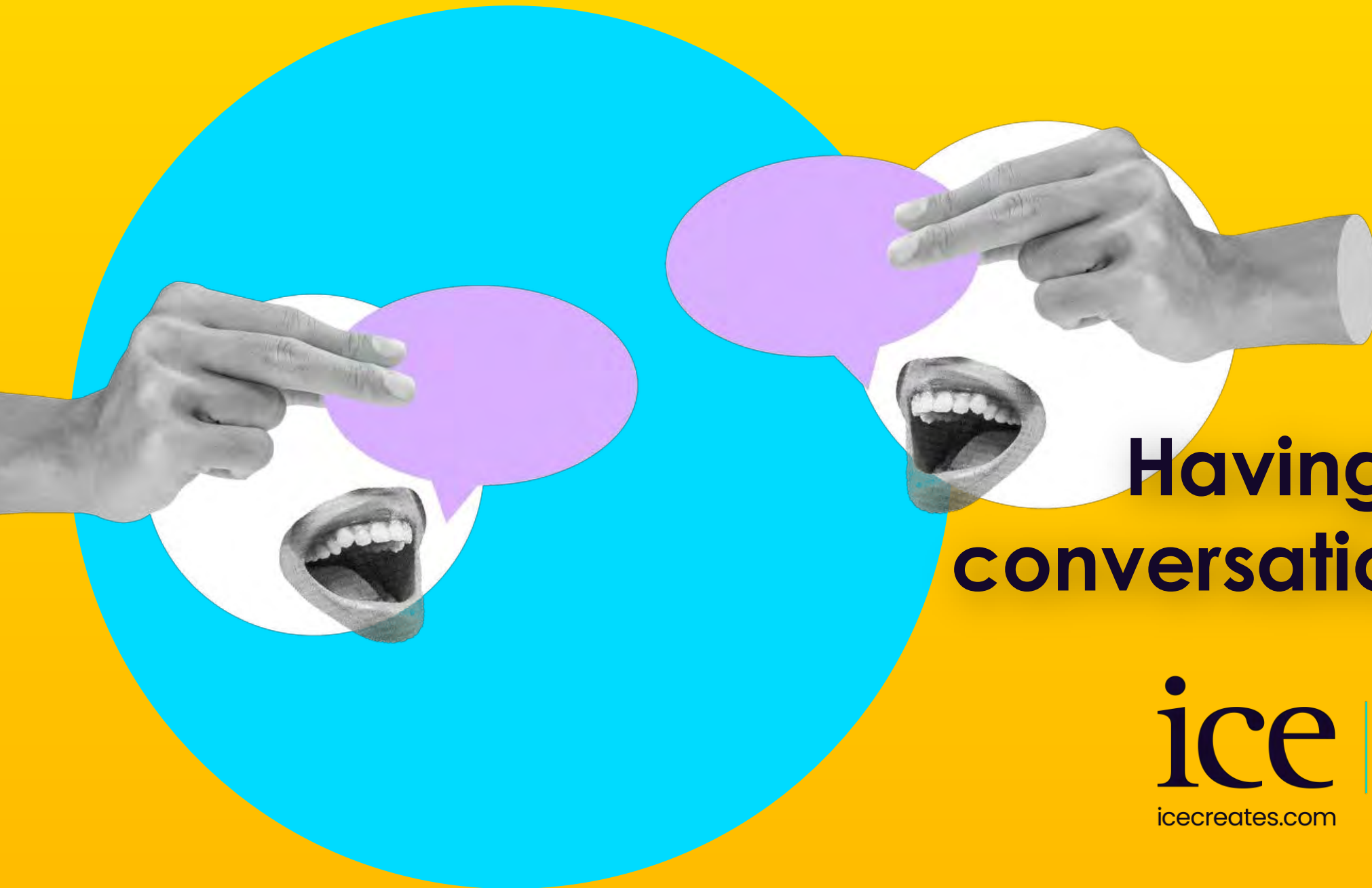
(thiomersal)

contain any ingredients that cause harm

only ingredients essential to making them safer and more effective and only in very small amounts

cause autism – studies have found no evidence of a link between the MMR vaccine and autism





**Having the
conversation ...**

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What we need to do:

Help people to make an informed decision

- Based on fact
- Understanding the risks
- Understanding what the vaccine is and does
- Understanding the diseases it protects against

Keep the conversation

- Power balanced
- Free from conflict
- Free from drama/conflict

Debunk the myths

- We need to avoid it sounding like justification
- Stay in fact

Informed Consent

Our role is to have conversations that help people work through their thoughts and feelings on vaccination

It's **never to tell them that they must, should or have to** vaccinate

Rather to help them explore their thoughts and feelings, offering some facts when they will help 'would you like me to share more about Andrew Wakefield?'



Keeping the conversation....

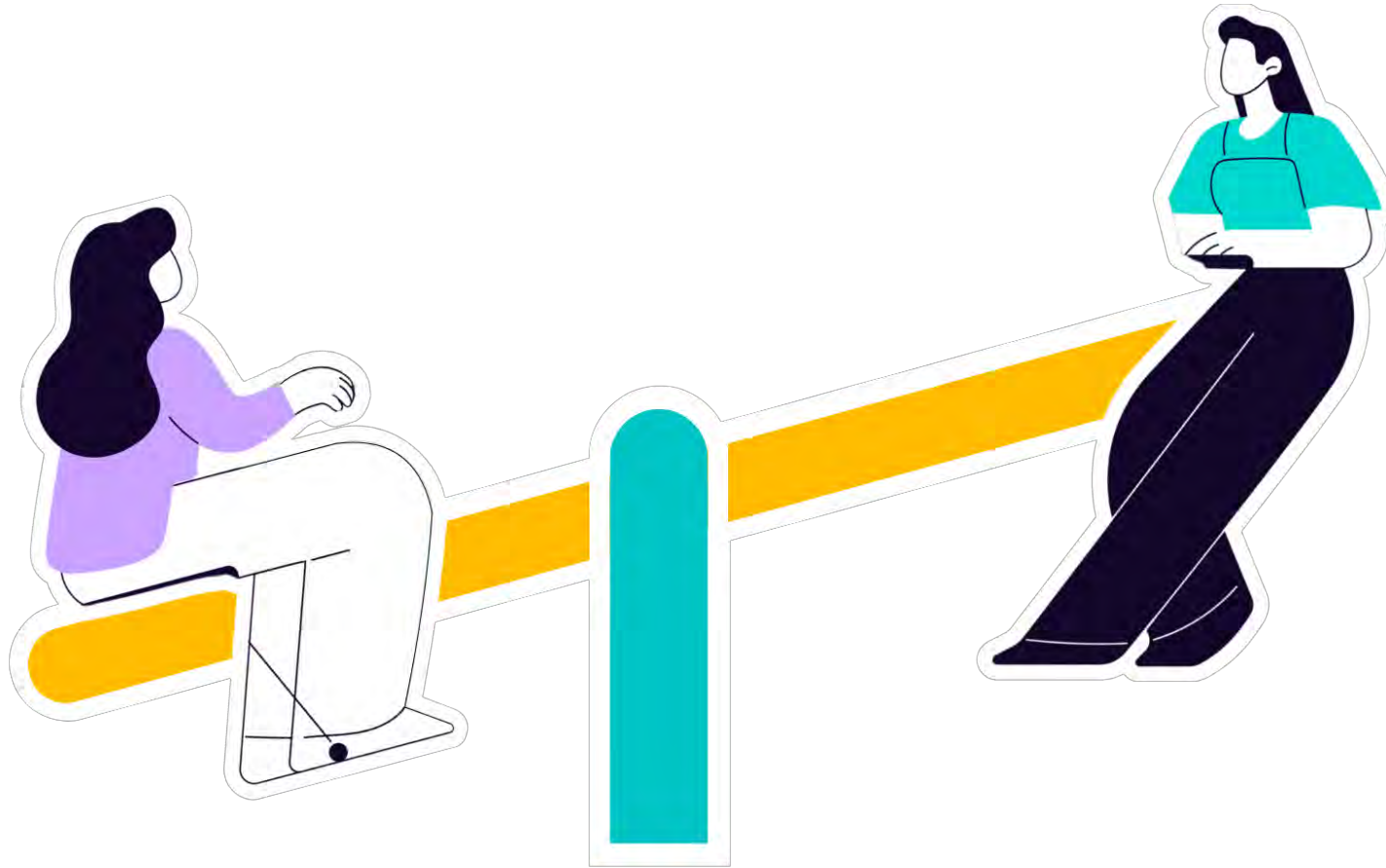
**Power balanced, free from conflict,
free from drama/conflict**

This can absolutely be managed by you:

- Pass power to them or at least balance the power in the conversation
- Ask permission – can I share
- Watch the language – avoid definite words like do and use open and exploratory words like might
- Open the mins up to system 2 conversations



The balance of risk – traditional health conversations



Thinking about how you open the conversation

Avoid questions that a person can quickly close down:

Are you going to have your child vaccinate and questions like these.

Think about using something like:

Sam is coming up for 14 months, I was just wondering what your thoughts are about his MMRV vaccine

Debunk the myths

You have to really watch your tone and body language as you do this:

- If you come across as forceful, instructive or 'telling' **you risk losing people straight off**
- Have the **facts about issues such as Andrew Wakefield** and instead of saying 'Did you know.....' you can frame the same information as 'I was really shocked to read/learn...'
- As you debunk stay in **fact rather than opinion** and encourage people to think about what the facts mean their decision.



A woman with long brown hair, wearing a green and white striped sleeveless top, is sitting at a wooden desk. She is smiling and looking towards another person whose back is to the camera. The background is a red wall. On the desk, there is a tablet, a stack of papers, and a blue pen. The text 'The importance of body language...' is overlaid on the right side of the image.

The importance of body language...

Words, music and dance



7%

Words

What you actually say



38%

Tone of voice

How you say it



55%

Body language

What your body shows

In the 1970s, Albert Mehrabian established the **7% – 38% – 55% rule** to denote the amount of communication conferred by words, tone, and body language.

Avoid definitive language like DO and WILL

- **Pressure:** Words like "do" or "will" create rigid expectations and put pressure on the person.
- **Preserves Autonomy:** Asking "what will you do?" can feel like a test or an assignment rather than a self-directed choice.
- **Shifts Power Dynamics:** Directive language places you in the role of the expert who holds the answers

Less directive approaches..

To adopt a coaching approach, replace directive words like "do" or "will" with exploratory language that invites curiosity and empowers the other person to find their own answers.

- **Reduce the Pressure:** Words like "**might**" or "**could**" create a space for people to explore their own thoughts and feelings
- **Preserves Autonomy:** Asking "thinking about what we have been talking about, is there anything you might want to do next?" Places the power and choice with them..

OARS

Open-Ended Questions

"Tell me about your thoughts on vaccinations"

Affirmations

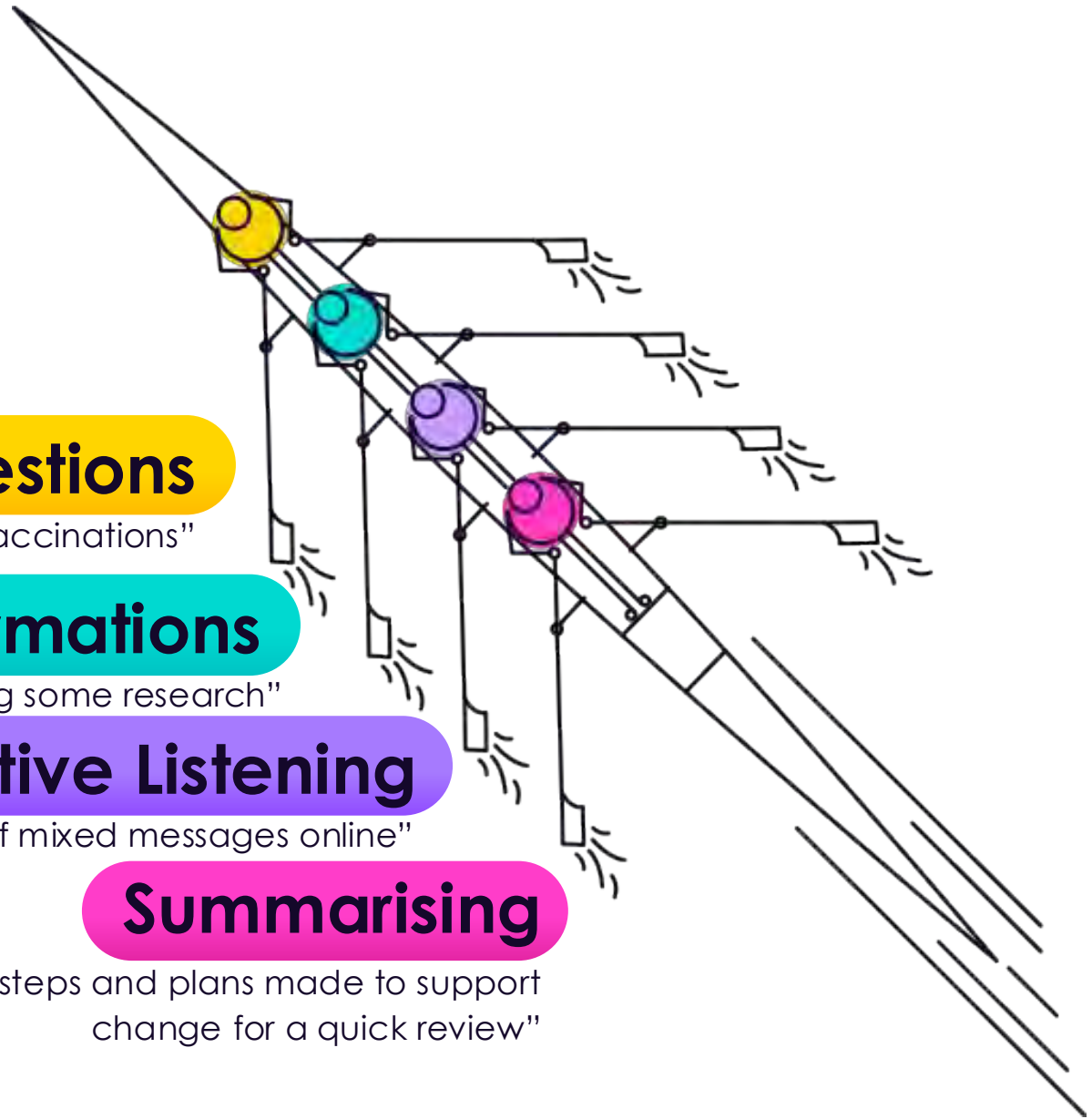
"Great that you have been doing some research"

Reflective Listening

"It sounds like you have been picking up a lot of mixed messages online"

Summarising

"Present information gathered in the first 3 steps and plans made to support change for a quick review"





Your quick vaccine chat guide

- 1 Why might you **want** to have the vaccine?
- 2 **How** might you go about it?
- 3 What are the three best **reasons** for having it?
- 4 **How important** is it for you to have the vaccine & why? [summarise what was said]
- 5 So what do you think you'll **do**/might do?



More on Better Conversations....



Contact us for information about
Better Conversations training

Caitlin.Williams@icecreates.com



We will be launching
campaign in a box in July –
click and register if you want
to be kept abreast of the
resources available



Book on the following link
for the **next webinar**



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