The Actual Prevalence of Autism: Are We There Yet?
John W. Harrington

*Pediatrics* published online Oct 25, 2010;
DOI: 10.1542/peds.2010-2305

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://www.pediatrics.org
The Actual Prevalence of Autism: Are We There Yet?

The article in this issue of Pediatrics by Maenner and Durkin, "Trends in the Prevalence of Autism Based on Special Education Data," tracks 6 years of data (2002–2008) that were available from Wisconsin. The authors postulated that the implementation and service of the diagnosis of autism in each school district varied widely in 2002 and that the variance/discrepancy would be substantially decreased over time. That is exactly what happened. The overall prevalence rate for an autism spectrum disorder (ASD) for the state of Wisconsin is currently 9 in 1000. There seem to be no “hot spots” or high-risk areas with some ominous environmental toxin that can be postulated; it is more likely that educational services for autism were better coordinated in 1 area versus another, similar to what was seen in the Brick Township of New Jersey, which was studied in 2001. The numbers in the Maenner-Durkin article conveniently mirror the most recent epidemiologic data from the parent-report study by Kogan et al and the Autism and Developmental Disabilities Monitoring Network, which estimated the rate of autism at ~1 in 110. It seems that the work and communication in the trenches (ie, special education and the child’s medical home) may finally be catching up with the epidemiologic data, but there are still some hurdles.

There is no question that, in many school districts, servicing the educational needs of a child with an ASD has improved since 2002. Being the father of a teenage son with autism has allowed me to see these step-wise improvements first hand. However, creating an enviable multidisciplinary program everywhere will not happen overnight. Generally speaking, the capacity for each school district to have trained special educators to meet the needs of children diagnosed with an ASD is still lagging in some, if not many, communities nationwide. This variance may have less to do with an area’s tax base and more to do with availability of services and subspecialists. Schools and states are also trying to estimate their needs, but this has been somewhat of a conundrum, because the diagnosis of an ASD was not uniform from state to state during this time period. Since 2007, many practitioners have instituted screening for autism at 18 to 30 months with an autism-specific tool such as the Modified Checklist for Autism in Toddlers, which is helping to get the condition recognized earlier. Other driving forces are the flurry of recent bills in states to have insurance carriers cover services for autism; Wisconsin passed their bill in 2009. Insurance mandates for autism may push physicians and educators to make a diagnosis, but it may not have the desired effect if communities have not built up a capacity to cover the need. Efforts will be needed to provide incentives to general educators and special educators to complete ASD coursework and be given tuition reimbursements for choosing special education. In addition, pediatricians and family practitioners are still somewhat reluctant to use the term “autism,” so therefore they will refer the child to a specialist for a definitive diagnosis. This can take time, so schools may use other terms for the child’s condition, such as speech/language impairment, other health impair-

AUTHOR: John W. Harrington, MD
Department of Pediatrics, Eastern Virginia Medical School, Norfolk, Virginia; and Department of Pediatrics, Section of General Academic Pediatrics, Children’s Hospital of The King’s Daughters, Norfolk, Virginia

ABBREVIATION
ASD—autism spectrum disorder

Opinions expressed in this commentary are those of the author and not necessarily those of the American Academy of Pediatrics or its Committees.

www.pediatrics.org/cgi/doi/10.1542/peds.2010-2305
doi:10.1542/peds.2010-2305
Accepted for publication Aug 12, 2010
Address correspondence to John W. Harrington, MD, Department of Pediatrics, Children’s Hospital of the King’s Daughters, 601 Children’s Lane, Norfolk, VA 23507. E-mail: john.harrington@chkd.org

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).
Copyright © 2010 by the American Academy of Pediatrics

FINANCIAL DISCLOSURE: The author has indicated he has no financial relationships relevant to this article to disclose.
ment, emotional disturbance, specific learning disability, and intellectual disability. This creates a delay that can last for years until a final diagnosis is either confirmed or refuted.

Autism is a neurodevelopmental genetic disorder with a prevalence rate of essentially 1%. School districts should assume that if they service 10,000 students, they should expect ~100 of those students to have an ASD diagnosis. If they have significantly below this number of children with ASD, they may have misclassified their students, or perhaps the parents have moved to a nearby district with more comprehensive services. The Wisconsin study provides the best information to date to understand that these forces, which were in play in 2002, may now be settling out, and all areas are improving diagnosis and providing less variable services for children with ASD. It appears if our population-based prevalence rates for ASD are matching our school-based rates then we and can start making educated decisions for planning how to teach and transition this large group of students to adulthood and beyond. So, are we there yet?

We are getting close to the situation in which we probably have an equal number of children being overdiagnosed and we have being missed. The overall hope is that an early and accurate diagnosis will help the child/family receive the appropriate intervention that they need and therefore achieve the best possible outcome. Maenner and Durkin’s article provides a possible proxy towards that end. If we are not there yet, we are definitely headed in the right direction.

REFERENCES


The Actual Prevalence of Autism: Are We There Yet?
John W. Harrington

*Pediatrics* published online Oct 25, 2010;
DOI: 10.1542/peds.2010-2305

<table>
<thead>
<tr>
<th>Updated Information</th>
<th>including high-resolution figures, can be found at:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&amp; Services</td>
<td><a href="http://www.pediatrics.org">http://www.pediatrics.org</a></td>
</tr>
<tr>
<td>Permissions &amp; Licensing</td>
<td>Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.pediatrics.org/misc/Permissions.shtml">http://www.pediatrics.org/misc/Permissions.shtml</a></td>
</tr>
<tr>
<td>Reprints</td>
<td>Information about ordering reprints can be found online:</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.pediatrics.org/misc/reprints.shtml">http://www.pediatrics.org/misc/reprints.shtml</a></td>
</tr>
</tbody>
</table>