The HPV Vaccine

Is it Safe for My Daughter?

Dr. Diane Harper,
Lead researcher, HPV vaccine development

CONCLUSION

Gardasil is being hailed as one of the major health advances of the early 21st century and yet many parents have refused to accept this vaccine as just another regimen in their child's immunization schedule. Given all the questions concerning Gardasil's safety, we recommend that concerned parents inform themselves of the facts and request that the government and public health officials suspend their distribution to minor girls until safety can be adequately proven.

5. Merck states in its product insert that Gardasil has not been tested to see if it causes cancer or if a young woman's reproductive health will be affected. Additionally, Merck acknowledges that the vaccine has not been tested for genotoxicity (testing to see if the vaccine is toxic to human DNA).
6. A careful review of the literature, including that submitted by the manufacturer with its application for approval of Gardasil reveals a sufficient number of unanswered questions to lead us to conclude that a universal immunization program aimed at girls and women in Canada is, at this time, premature and could possibly have unintended consequences for individuals and society as a whole. (Dr. Abby Lippman, Canadian epidemiologist, McGill University)

USURPING PARENTAL CONSENT

Most parents are unaware that their child, regardless of age, could be considered capable of making her own healthcare decisions in Ontario. This means that your daughter can choose to accept or refuse immunization, even if you have indicated otherwise in a consent form.

Public health nurses are required to ask every student if they understand, have any questions, and consent to be immunized. If the parent wishes the student to be immunized and the student refuses, the immunization will not be given. Likewise, a student who is judged capable of giving informed consent may be immunized even if the parents have not consented.

“This vaccine should not be mandated for 11-year-old girls… It’s not been tested in little girls for efficacy. At 11, these girls don’t get cervical cancer — they won’t know for 25 years if they will get cervical cancer. Giving it to 11-year-olds is a great big public health experiment.”

Dr. Diane Harper

What Parents Need To Know


Additional Sources:

- Gardasil: What you need to know about the HPV vaccine. Available at: http://www.vran.org/vaccines/hpv/hpv.htm
- Gardasil Vaccine: Just say NO to Compulsory Vaccination. Available at: http://www.kitchentablemedicine.com/gardasil-vaccine-just-say-no

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**BACKGROUND**

In January 2007, Canada’s National Advisory Committee on Immunization (NACI) made the recommendation that girls ages 9 to 13 be vaccinated against the sexually transmitted infection, human papillomavirus (HPV). In addition, the NACI recommended that older girls and women who might already be sexually active but not infected with the virus also be vaccinated.1

The Ontario government began distributing the HPV vaccine at school-based clinics for girls in grade eight in June 2007.

Concern over the vaccine’s safety and efficacy make it increasingly more difficult for parents to decide whether or not to vaccinate their daughters.

**WHAT IS HPV?**

HPV is an exclusively sexually transmitted disease. Any person who is sexually active can contract the virus (skin-to-skin contact alone can allow transfer of HPV). There are more than 100 types of HPV viral strains but most infections occur without any symptoms and go away without treatment. Most women who get an HPV infection do not develop cervical cancer.2

**WHAT IS THE INCIDENCE OF CERVICAL CANCER?**

Every year in Ontario about 500 women are diagnosed with cervical cancer and 150 die from the disease annually.3 Even without the availability of the HPV vaccine the rates of deaths from cervical cancer have been dropping for years due to the widespread availability of publicly-funded programs for Pap screening which still remains the most effective measure in preventing cervical cancer.4

**WHY IS THE RISK OF DYING FROM CERVICAL CANCER SO LOW?**

In 90 percent of all cases, a woman’s immune system is strong enough to clear an HPV infection on its own.1 As long as women are getting regular Pap screening, cervical abnormalities can be caught early and treated.5

**WHAT DOES THE HPV VACCINE DO?**

Gardasil, the HPV vaccine, produced by Merck Frosst Canada Ltd., was developed to target only four of the 100 different types of human papilloma viral strains. The four strains are comprised of types 6 and 11 that cause genital warts, as well as, types 16 and 18 that can cause pre-cancerous lesions, cervical cancer, anal cancer and other genital cancers.7

**HOW LONG IS GARDASIL EFFECTIVE?**

Merck states on their package insert that the duration of immunity from the HPV vaccine is unknown.4 The vaccine is being promoted as being effective for anywhere from three to five years, although the clinical trials followed it for four years.8 It is too soon to know if girls will require a booster shot even if they have not been sexually active.

**WHAT IS THE COST OF GARDASIL?**

The Ontario government is offering the vaccine free to girls in grade eight at school-based clinics only. They will not cover the cost for those who go to their family doctor for the vaccine. Three injections over a six-month period are required for each girl at a cost of approximately $135.00 per injection. The total cost nationwide for this one vaccine is estimated to be almost $1 billion dollars.9 The federal government has contributed $300 million, about one third of the vaccine cost, while the other two thirds of the cost comes from the provinces.10

**IS GARDASIL SAFE?**

No vaccine is completely without side effects. As of August 4, 2009, the Public Health Agency of Canada (PHAC) has received 555 reports of adverse events following HPV immunization, including one death.11 The PHAC has indicated that each report represents one or more adverse event.12

Judicial Watch, a public interest group, that monitors government programs in the US, obtained records from the FDA documenting 47 deaths following HPV immunization.13 In addition, the FDA’s Vaccine Adverse Event Reporting System (VAERS) has received 13,758 reports of adverse events as of May 1, 2009.14

The documents reveal that the reactions range from severe headaches, dizziness, temporary loss of vision, foaming at the mouth, loss of consciousness, coma, paralysis, Guillain-Barre Syndrome, miscarriages and outbreaks of genital warts and death.9,15

Gardasil may also cause more allergic reactions than other vaccines. Australian researchers at the Westmead Children’s Hospital reported that young girls who received Gardasil were five to 20 times more likely to suffer a rare and severe allergic reaction (anaphylaxis) compared to other vaccines given in school clinics such as hepatitis B.16

Despite these reports the PHAC, FDA and Merck all maintain that there is no scientific evidence proving a causal relationship with Gardasil and any of the deaths or illnesses.

**WHAT ARE THE WARNINGS?**

Public Health Units are working closely with school boards to ensure that the HPV immunization program be implemented. Each eligible female is given a letter for her parents outlining the program, a consent form and a fact sheet. Parents are assured in the letter and fact sheet that Gardasil is safe and that aside from the typical reactions that most people experience during routine vaccinations, there is little to worry about. But nowhere in the literature are parents given a complete list of the possible side effects.

**QUESTIONABLE TESTING**

Despite the fact that Gardasil is being marketed as “widely tested,” there is limited data on the effects of the vaccine on the primary target population (pre-teen and early teenage girls). Of the more than 25,000 participants in the clinical trials, fewer than 1,200 were preteen girls (ages 9 to 15) and only 100 of them were nine-year-olds. This small group was followed for only 18 months.17 Of equal concern is the fact that the clinical trials pre-screened all participants for medical conditions and only healthy girls were included in the study. The trials did not evaluate the vaccine’s impact on those with undiagnosed medical conditions.18

“...there are twice as many children collapsing and four times as many children experiencing tingling, numbness and loss of sensation after getting a Gardasil vaccination compared to those getting a Tdap (tetanus-diphtheria-acellular pertussis) vaccination.”10

Barbara Loe Fisher, NVIC President

Can parents make an informed decision if they are not made aware of all possible adverse reactions?

Can a school-based vaccination program that does not pre-screen your daughter’s medical history determine whether or not she will be at risk?