



MANDATORY STD VACCINATIONS

Benefit or boondoggle?

Recently the U.S. House of Representatives saw the introduction of a bill entitled "Parental Right to Decide Protection Act" (H.R. 1153). This bill, introduced by Rep. Phil Gingrey (R-GA), and supported by 27 other representatives as co-sponsors, seeks to prohibit federal funding for mandatory human papillomavirus (HPV) vaccination programs. The bill outlines HPV's transmission, its effect on domestic rates of cervical cancer and the purported use of vaccines for prevention. The bill also outlines the fact that 3,700 American women die annually from cervical cancer, a small fraction of those who contract HPV. Regular screening by Pap smear would do much to lower this incidence, according to the resolution's language. The resolution also notes that the number of young girls in the study of the age targeted by mandatory vaccination (9-11 years) has not been released by either the FDA or Merck (the manufacturer of Gardasil). Some have questioned whether enough subjects were included in the study or whether the studies were of long enough duration to determine possible side effects and/or efficacy of the vaccine. The resolution concludes that there is no reason for states to mandate vaccination thereby superseding parental rights.

A number of other issues have come up since CWA of Kansas testified in the House Health and Human Services Committee concerning mandating the vaccine in Kansas. A clinical trial director for the Gardasil trials Dr. Diane M. Harper has claimed that "the HPV vaccine is not for younger girls" and that requiring all teen girls to be injected with the vaccine is a "great big public health experiment." She went on to say in an article published by writer Cindy Bevington of the KPC Media Group that the HPV vaccine has "not been tested for effectiveness in younger girls, and administering the vaccine to girls as young as nine may not even protect them at all." She is the director of the Gynecologic Cancer Prevention Research Group at the Norris Cotton Center at Dartmouth Medical School in New Hampshire and has worked on the vaccine for 20 years. The Pro-Family Law Center stated in written testimony to a committee exploring California Assembly Bill 16 that the trials tested 1,121 girls between the ages of 9 and 15 making it very likely that the HPV strain-specific vaccine "has not been tested on a study group that could render fully accurate predictions about the effect of the HPV vaccine on pre-pubescent American children or on girls who have not otherwise fully matured. As such, it seems rather obvious that you should not be using children as 'guinea pigs' with respect to their reproductive health."

In a statement to the press in regard to New Mexico's imminent passage of a bill mandating the HPV vaccine, CWA's President Wendy Wright stated that not only will

"Merck enjoy protection from medical liability under the National Childhood Vaccine Injury Act, which will protect it from the class action lawsuits it has endured from Vioxx, a prescription drug," Merck also "sacrificed adequate data testing involving pre-adolescent children (its target group)." Merck utilized adult data to "predict" the immune response to children, meaning it has no evidence the vaccine prevents anything when given to children ages 9-12. Also, the maximum median follow up in any of its studies was 4 years, while sexually-transmitted HPV requires 10-15 years from time of infection to the development of cervical cancer."

According to the Advisory Committee on Immunization Practices head, Dr. Jon Abramson, Gardasil should not be made mandatory. He also stated that he told Merck not to lobby state legislatures to mandate the vaccine, fearing that other more communicable diseases' budgeted money would be used up by the more expensive Gardasil.

Some other facts about Gardasil:

- The vaccine contains 225 mcg of aluminum which some feel is a lot of aluminum to inject into a child.
<http://www.fda.gov/cber/label/hpvmer060806LB.pdf>
- Seizures and Guillian-Barre Syndrome (forty cases so far) has been reported within hours to a week after injection of Gardasil. Other side effects that have been reported: headaches, hives, rashes, arthritis, swollen lymph nodes, nausea, vomiting, infections, skin ulcers and other allergic reactions.
<http://www.washingtontimes.com/business/20070202-100152-9747r.htm>
- Most women recover from HPV infection naturally. The vaccine is effective against two types of HPV that cause cancer. Some worry that the other types (which cause 30% of cervical cancers) might become dominant once the other types are suppressed.
- Gardasil clinical trials lasted four years; yet the length of time required to develop cervical cancer is 8.1 to 12.6 years.
- Not all cervical cancers are related to HPV.
- The vaccine only works if the woman/girl does not have a current vaccine type relation infection (types 6, 11, 16, or 18). If a girl is positive for HPV 16 when she is inoculated, she will not be protected against it later. The only way to know for sure is by testing with a vaginal swab.

The most telling information about this vaccine comes from Dr. Harper: "I want to be able to sleep with myself when I go to bed at night. My concern is still; let's get women's health better. It is still a good vaccine. But let's be honest. Don't over-promise."

Kansas and other states should not mandate this vaccine.