

To the Honourable Minister of Health

23 July 2014

Dear Minister Dutton,

I would like to provide you with information regarding the HPV vaccine, Gardasil, which questions the cost-effectiveness and safety of this vaccine in the Australian population. This information needs to be addressed by the Australian government to ensure that this policy is providing more good than harm in the community.

Firstly, I would like to make you aware that court cases for the people harmed from HPV vaccines have now been started in France, Spain and India. You should also be aware that the Japanese government removed HPV vaccines from the national recommended schedule of vaccines from April 2014 because of its association with serious adverse events and deaths.

Here are the links to this information:

1. France: Gardasil The Carnage continues in France
<http://www.vaccinationdecisions.net/resources/12.29.2013-Gardasil-Carnage-in-France.pdf>
2. India: Supreme Court to Rule on Merck Fraud Regarding HPV Vaccine Deaths -
<http://ow.ly/z0Qut> and
3. Spain: First case filed against HPV vaccine manufacturers and health authorities -
<http://ow.ly/z0u5S> This first case will be followed by another four within two months.
4. Japan: A moratorium on HPV vaccines in government vaccination campaigns
<http://sanevax.org/japan-hpv-vaccine-controversy/>

I would like you to address the following information and reassure the concerned Australian public that this information has been considered in the approval of HPV vaccines in school vaccination programs. Here is the information that needs to be addressed:

Pap Screening is an Effective Preventative Program for Cervical Cancer (International Agency for Research on Cancer):

The World Health Organisation (WHO) recognises that Pap screening is an effective prevention program for cervical cancer. Here is a quote from the WHO emphasising the effectiveness of Pap screening programs in detecting and preventing cervical cancer:

“Yet cervical cancer can be readily prevented, even in women at high risk for the disease, through screening and treatment using relatively simple technologies. When precancerous changes in cervical tissue are found and the abnormal tissue successfully treated, a woman will not develop cancer.” (WHO IARC).

http://www.who.int/reproductivehealth/topics/cancers/cancer_prevention/en/

Cervical Cancer is a Low risk in Developed Countries like Australia

Prior to the introduction of the HPV vaccine in 2007 the risk of dying from cervical cancer in Australia was very low - 1.8 deaths per 100,000 women per year (NCIRS Fact Sheet 2009). The age-standardised incidence rate of cervical cancer in 2007 was also low at 6.8 cases per 100,000 women per year. This disease was only a high risk in *developing* countries in 2007 not *developed* countries like Australia (Prof. Ian Frazer cited in Williamson 2005).

My paper titled “HPV vaccines have not been demonstrated to be safe or effective in the prevention of cervical cancer was presented in London at the Euroscicon Controlling Cancer Summit (12 May 2014) <http://eurosciconnews.com/archives/4449>

The references for this presentation are presented in my paper published in the journal *Infectious Agents and Cancer* (June 2013) titled “HPV Vaccination programs have not been shown to be cost-effective in countries with comprehensive Pap screening and surgery”.

<http://www.infectagentscancer.com/content/8/1/21>

In 2005 (*before the vaccine was introduced*) the NHMRC stated:

“Screening for high-risk HPV infection would identify a very large number of women but only a few of them would be at risk of cervical cancer” (NHMRC 2005 p9).

The same applies to HPV vaccination of all Australian adolescents – only a very small percent of girls would be at risk from cervical cancer yet many will now be at risk from the vaccine. Like all drugs a vaccine cannot be introduced without risk to some individuals.

Until the benefits and risks of HPV vaccines are properly established it is unethical to recommend these vaccines in school programs when we already have an effective and safe method of detecting and preventing cervical cancer - *Pap screening* - and this program will still be needed by all *vaccinated* women.

The influence of pro-vaccination lobby groups (many funded by industry) in media and the COI of representatives in government are biasing the information that government health ministers and the public receive on vaccination issues.

I request that the Minister addresses this researched information and provides evidence that the information has been considered in the recommendation of HPV vaccines to all adolescents in school programs in Australia. I have listed the references for this information below and look forward to receiving your response.

Kind regards,

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References:

NCIRS. 2009. Fact Sheet: FAQ's/answers on the HPV Vaccine. Australian Government. <http://www.ncirs.edu.au/immunisation/fact-sheets/hpv-human-papillomavirus-fact-sheet.pdf> (updated March 2013).

Williamson S. 2005. HPV vaccine looks promising: Frazer. *Australian Life Scientist*. 9th May www.lifescientist.com.au/article/131134/hpv_vaccine_looks_promising_frazer/ (accessed Nov 2011).

Wilyman J. 2013. HPV Vaccination programs have not been shown to be cost-effective in countries with comprehensive Pap screening and surgery. *Infectious Agents and Cancer*. 8:21 (June): pp1-8

NHMRC. 2005. Screening to prevent cervical cancer: guidelines for the management of asymptomatic women with screen detected abnormalities. National Screening Program. Australian Government.