

HPV Vaccines have not been Proven to be Safe and Effective

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The University of Wollongong recently provided funding for me to present my research on the HPV vaccine at the 3rd world congress on Cancer Science and Therapy in San Francisco. On the 22nd October I presented my research that demonstrates that HPV vaccination has not been proven to be safe or effective against cervical cancer. Japan and India have recently stopped recommending this vaccine due to deaths and disability after vaccination.

There have now been over 31,740 adverse reactions linked to this vaccine globally and many of these events have been life threatening and resulted in permanent disability in thousands of women. This is recorded on the Vaccine Adverse Event Reporting System (VAERS). There have also been 144 deaths reported that have been associated with this vaccine yet government regulators are claiming these are a 'co-incidence' after vaccination. This is not evidence-based science. The Phase 3 clinical trials for Gardasil that ran for 3 to 4 years prior to marketing were not properly designed to determine adverse events (AE's). In the Phase 3 trials for Gardasil the AE's were only actively studied for 15 days after vaccination. This occurred even though it is known that adverse events can occur weeks, months or years after vaccination. After 15 days adverse events were only recorded if they were voluntarily reported by the participant and if they were accepted by the primary investigator in the pharmaceutically funded clinical trials. In addition, Gardasil was not tested using an inactive placebo in the phase 3 trials or by independent researchers. Here are the conflicts of interest declared in the trials for this vaccine

<http://vaccinationdecisions.net/wp-content/uploads/2014/02/The-Conflicts-of-Interest-in-the-Development-of-HPV-vaccine-130406-1410251.pdf>

The clinical trials did not prove that the vaccine was safe and government post-vaccination surveillance systems are not designed to make causal links between adverse events and the vaccine. This is because they rely on voluntary reporting and not active follow up of all vaccinated individuals. In addition, HPV vaccines cannot prevent at least 30% of cervical cancer because 5-10% of cervical cancer is not caused by an HPV infection and also because

13 high-risk HPV strains are not covered in the HPV vaccines. Therefore vaccinated women will still need Pap screening to prevent cervical cancer.

So the Australian Government is subsidising 2 cervical cancer prevention programs when Pap screening combined with surgery is known to be safe and effective in preventing 9 out of 10 cervical cancers. Women have been told that 'if they have an HPV 16 or 18 infection then the vaccine will prevent cancer'. This is a simplistic assumption because an HPV infection on its own does not cause cervical cancer. Co-factors (that are not prevalent in developed countries such as Australia, the USA and Europe) are necessary before an HPV infection can cause disease. An HPV infection is common and harmless without the co-factors necessary to progress the infection to disease.

Did the Australian government tell women that the risk of dying from cervical cancer in Australia in 2003 - prior to the vaccine - was 1.9 deaths /100,000 women? No. This is a very low risk and it indicates that most women in Australia (and other developed countries) are not at risk of cervical cancer.

This vaccine was tested for efficacy against CIN 2 and 3 lesions in young women (15-26 years of age). These lesions have been described as 'pre-cancerous lesions' yet it is known that CIN 2 and 3 in this age group are common but rarely progress to disease - either cancer or warts. So the term 'pre-cancerous lesion' is misleading. Most of these lesions in this age group regress naturally within 1 or 2 years and never progress to disease - either cancer or warts. This is why many countries do not recommend Pap screening before 30 years of age.

Vaccinating all women in developed countries means that the majority of women on the drug are not at risk of cervical cancer - but they are now at risk from the vaccine.

This vaccine is not cost-effective because Pap screening is still required. The vaccine costs Aus\$450 per individual - for 3 doses of the vaccine and it is not proven to be safe or effective. In Australia, the government is subsidising and recommending this vaccine to all teenage girls and boys in school based vaccination programs - even though it has never been demonstrated to prevent any cervical or anal cancers. And even though there has

never been an independent assessment of the pharmaceutically funded research.

The Australian Government does not call this a 'cervical cancer vaccine'; it calls it the 'HPV vaccine' or 'Gardasil'. This is because it has never been demonstrated to prevent any cervical cancer. Please ask the Australian Government why they are subsidising an unproven vaccine when Pap screening combined with surgery is proven to be a safe and effective prevention for cervical cancer.

Websites such as The Conversation are providing misinformation to the public about this published research and this is due to the influence of funded lobby groups - many of which are fronts for corporate interests. This strategy of confusing the public with the science has been described on the lobby-group page of my website. Population health is at risk if the public is being misinformed about health through mainstream channels of information. Please forward this email to family and friends to allow them to make an informed decision about cancer prevention.

Kind regards,

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