

To Professor Fiona Stanley (May, 2011) and the Therapeutic Goods Administration (TGA) (24.8.11)

HPV Vaccine: Answers Needed from Government Health Ministers

In Australia, as in some other countries, the HPV vaccine - Gardasil® - is being promoted to adolescents, woman and now boys, as a vaccine to prevent cervical cancer. Health departments are not addressing the concerns that some parents have about this vaccine.

There are many scientific and ethical concerns regarding the HPV vaccine. The following issues need to be addressed:

- This vaccine was not proven to be safe or effective against cervical cancer (CC) prior to its marketing in 2006^{1, 2, 3}. Phase 3 trials were not completed until 2007^{1, 2}. In phase 3 trials this vaccine was only trialed for the prevention of pre-cancerous lesions in 16 -26 year olds and not cervical cancer². These lesions frequently clear quickly without treatment (in this age-group) and many never lead to cancer^{1, 4}. Therefore the vaccine is only assumed to be effective against CC because the relationship between pre-cancerous cells in young adults and cervical cancer 20 to 40 years later is still unknown¹.
- Each of the 3 injections contains 225 ug of aluminium hydroxyphosphate sulfate, an adjuvant known to be linked with autoimmune diseases, the chronic illnesses that are increasingly common^{5, 6}
- Each of the 3 injections contains sodium borate (a pesticide), which has been linked to infertility, seizures and paralysis. In 2005 the National Library of Medicine (NLM) of the National Institutes of Health declared this to be a dangerous poison and stated 'it is no longer commonly found in medical preparations'^{7, 8}. HPV vaccine was approved in 2006.
- Each of the 3 injections also contains polysorbate 80, an emulsifier linked with anaphylaxis, convulsions, collapse, seizure (twitching) and infertility in animals^{7, 8}.
- Gardasil® has 3 times the number of adverse reactions reported as all other vaccines combined⁴. Since it was introduced, 94 deaths and 21,635 adverse reactions to Gardasil have been documented. Many have included the events listed above⁷.
- There is no systematic, long-term surveillance of adverse events to the HPV vaccine. The reporting system is a passive surveillance system. The CDC states "This (VAERS) data cannot be used to infer causal associations between vaccines and adverse events"². If no one carefully monitors adverse reactions, there is no proof that it is safe. Yet parents are told combining vaccines is safe. This also means it will not be possible to determine whether women vaccinated against HPV will have a higher rate of infertility and autoimmune diseases in 10 – 15 years time.
- The placebo in the clinical trials contained more aluminium adjuvant (a chemical linked with autoimmune diseases) than the vaccine itself². This casts doubt on the validity of the results.

Please explain the reason for using adjuvant in the control participants when the scientific literature links this chemical to the cause of autoimmune diseases.

Why has this vaccine been marketed so aggressively to Australian women when cervical cancer is a very low risk in Australia (indeed in all developed countries) and the vaccine contains chemicals linked with infertility? The other HPV vaccine (Cerverix) does not contain sodium borate or polysorbate 80, so why is it necessary to use infertility chemicals in Gardasil® which is being marketed to adolescent girls and women of all ages?

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