

## **Radio Interview 6PR Perth**

**5<sup>th</sup> March 2014**

Today I was invited to speak about my vaccination research on a Perth radio station - 6PR. The interview was about the ever expanding childhood vaccination schedule, the known adverse effects of vaccines and my research on the HPV vaccine that was presented at a US conference and funded by the university. Whilst Paul Murray allowed me to present my arguments he did not allow a debate of the issues. Like all other forums on vaccination in Australia, the government and the AMA do not allow open and free debate on this topic. They have a very powerful voice in the media whilst other stakeholders have no voice in the media on this issue.

The authorities always ensure that the forum for discussion will only allow the AMA or the government to have the last word on this topic. In this case, Julie Brotherton, who heads the HPV program at the NCIRS was given the last word and her information was not complete - and this is misleading the public on an important health issue.

Here are the facts about HPV vaccines that need to be debated to ensure that the health of Australians is promoted by using this vaccine:

1) Whilst having an HPV infection is very common these infections rarely progress to cervical cancer - particularly in developed countries. So the majority of people in Australia are on a drug for a disease that they are not at risk of getting (NHMRC 2005). The risk of cervical cancer (in a lifetime) in developed countries like Australia is 0.8%.

2) Julie Brotherton incorrectly informed the public that we do not know which HPV infections will progress to cancer. This is not entirely correct. There are risk factors for cervical cancer and they are not prevalent in Australia, UK, USA or other developed countries. Ian Fazer stated in 2005 (before the vaccine was introduced) that '90% of cervical cancer occurs in the developing countries' - this means that there are environmental and lifestyle factors that are known and are necessary for an HPV infection to progress to cancer.

3) The strains of HPV covered in the vaccine (HPV 16 and 18) are NOT more prevalent in developing countries (where most cancer occurs), therefore there are risk factors in developed countries that make cervical cancer a higher risk than in developed countries. Did you know that Australia's indigenous population also has a 4 x greater chance of dying from cervical cancer than the non-indigenous population? Many environmental factors are known to be necessary (combined with an HPV infection) for cervical cancer to develop - and they are listed in my published article in the *Infectious Agents and Cancer Journal*.

4) In addition, there are serious adverse events and death associated with HPV vaccines (see [www.sanevax.org](http://www.sanevax.org)) which are not associated with Pap screening. Cervical cancer is a disease that is curable if detected early and it is known that Pap screening can detect 90% of cervical cancer. However, even if the vaccine was proven to prevent some cervical cancer (still unproven) it could only prevent ~70% of cervical cancer because there are 13 other strains of HPV that are not covered in the HPV vaccine.

5) The government is fear mongering about the presence of HPV infections when it is known that 99% of Australian women will never be affected by cervical cancer. HPV infections are asymptomatic and harmless in the majority of cases in Australia. Australians should be asking why the government is subsidising an HPV vaccine for all adolescents at \$450 per person when Pap screening is an effective strategy for detecting and preventing the disease - and vaccinated women will still need Pap screening! So the government is subsidising 2 programs when the vaccine is unproven, less effective anyway and is associated with serious side effects.

6) Julie Brotherton downplayed the ingredients of vaccines - in particular the aluminium adjuvant that is in most vaccines. She did not mention that HPV vaccine contains 3X as much aluminium adjuvant as any other vaccine (225 µm). This adjuvant is linked to autoimmune diseases and I recommend that you investigate the articles by Tomljenovic and Shaw (Google Scholar). One article is titled 'Mechanisms of Aluminium Adjuvant Toxicity and Pediatric Populations' (2012). They have written several articles of the link between aluminium adjuvant and autoimmune diseases e.g. multiple sclerosis, arthritis and Lupus etc. Here is a link to the abstract <http://lup.sagepub.com/content/21/2/223.short>

Vaccination is a public health policy and the public needs open and free debate on this topic. The Australian government is preventing the medical literature from being openly debated by the public - a major stakeholder in this policy.

Kind regards,

Judy Wilyman MSc (Population Health)

PhD Candidate