

Newsletter 53 The Vaccination Debate

28 May 2014

In Newsletter 48 (link provided below) I asked Dr. Steven Hambleton (AMA President) 'why the Australian government is funding the HPV vaccine when it has not been proven to be safer or more effective than Pap screening and surgery - and Pap screening will still be needed by vaccinated women.' These concerns have not been addressed by the government or the Australian Medical Association in the reply that I received.

In addition, the Australian media and other academic forums are not providing the public with all the science that is known about the cause of cervical cancer. Therefore I have asked medical practitioners for their comments about HPV vaccine for debate on my website. Here is a link to my response to the comments that have been provided to me for debate on my website.

<http://www.vaccinationdecisions.net/resources/Response%20to%20comments%20for%20debate%20140527.pdf>

The Global Concerns about HPV Vaccines

The Japanese government has recently suspended the recommendation of HPV vaccines in its vaccination program. As of April 2014 the Japanese government will not recommend this vaccine until further safety studies have been conducted. France is considering similar action and India and Utah have also expressed their concerns about this vaccine. Cervical cancer is a non-communicable disease and the vaccine does not cover all the strains of HPV that are associated with causing cervical cancer. In addition, it has not been proven to be safe or effective in preventing cancer because it has only been tested against pre-cursor lesions in women 15-26 years of age. Lesions (CIN 2 and 3) in this age-group are common but it is known that the majority (80%) will regress, without treatment, and never lead to cancer later in life. This is why many countries do not recommend screening for cervical cancer until after 26 years of age. The safety of this vaccine has also not been established because the vaccine has never been compared against a true placebo - that is, a true inert (non-active) placebo.

Yet the Australian government is recommending this vaccine free to all adolescent girls and boys in school programs without a debate about its safety and efficacy in preventing cervical

cancer (a non-communicable disease). The vaccine also has 2 ingredients that are linked to causing infertility. These are sodium borate and polysorbate 80 and the Australian government has not explained why these ingredients are in a vaccine that is being recommended (free) to adolescents. This vaccine also has 3x as much aluminium hydroxyphosphate sulphate (an adjuvant that is linked to autoimmune diseases and hypersensitivity) as any other vaccine. In addition, the HPV vaccine has 3x as many adverse events associated with it as any other vaccine. The most common adverse events are neurological conditions.

Cervical cancer is curable with early detection by Pap screening (9 out of 10 cancers) and all vaccinated women *will still need Pap screening*. This is because the vaccine (costing \$Au450 per person) does not target ~30% of cervical cancer (13+ strains of high-risk HPV are not covered in the vaccine) – even if it is proven to be safe and effective in years to come. It is also a fact that HPV infections are harmless unless specific environmental co-factors are also present and this is why vaccinating all women in *developed* countries results in the majority of women (99%) being on a drug for a disease they are not at risk of getting.

The damage being associated with this vaccine is described in the link to Newsletter 48 that is provided here

<http://www.vaccinationdecisions.net/resources/Newsletter%20%2048%206%20HPV%20vac%20-%20Public%20Concerns%20about%20Safety%20and%20Efficacy%20140423.pdf>

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