

One of the newest vaccines to be added to the Australian vaccination schedule is called Gardasil. It is produced here in Australia by CSL Pty Ltd. The national program to vaccinate girls against cervical cancer began on 2 April in South Australia, with other states and territories to follow. This campaign will cost \$537 million over the next five years – the cost of the vaccine alone being \$437 million.

Initially, the vaccine will be ‘offered’ to girls aged 12-13 years with a catch-up programme for those aged 13-18 years and others aged up to 26. It is planned to eventually include infants in this vaccination programme once the catch-up has been completed, with Gardasil being added to the Australian Childhood Immunisation Schedule for both boys and girls.

### **What causes cervical cancer?**

Cervical cancer is considered by the medical community to be a sexually transmitted disease. Doctors in general seem to think that HPV or the Human Papillomavirus, a virus which is associated with warts including genital warts, is the cause of cervical cancer. Therefore, vaccinating against HPV, according to these same sources, will prevent cervical cancer. No doubt, a very worthwhile step to take when approximately 740 Australian women are diagnosed with cervical cancer each year, leading to approximately 270 deaths.

### **Early detection or vaccination?**

For decades, the preventative of choice for women has been the pap smear, a rather invasive and sometimes uncomfortable procedure which is administered in doctor’s surgeries or clinics across Australia. This test, recommended to begin annually after a woman’s first sexual encounter, is meant to detect early changes to the cells of the cervix – the opening of the womb – which may indicate pre-cancerous changes.

It is thought that annual pap smears will virtually eliminate cervical cancer and indeed, most of the women who are diagnosed with this disease have not had annual pap smears. This test needs to be performed annually because there is a very high rate of both false negative and false positive results so annual screening should, it is presumed, catch any problems early.

Whilst a very dangerous disease if it is allowed to progress past the early stages, the mortality (death) rate from cervical cancer is actually quite low – only 4 women out of 100,000 who are diagnosed with cervical cancer will die from it.

### **So does HPV cause cervical cancer?**

Up to 80% of the women in developed countries such as Australia show laboratory evidence of exposure to and past infection with HPV. Less than 1% of all women in developed countries however will be diagnosed with cervical cancer. The connection between the two is tenuous at best – incomprehensible at worst.

In fact, well-published molecular biologists such as Peter Duesberg and Jody Schwartz – both from the University of California – have indicated that rather than causing cancer, HPV may instead be an indicator of changes to the immune system which may actually be a sign that a person may be more susceptible to cancer.

### **So will use of the HPV vaccine prevent cervical cancer?**

There are more than 100 strains of HPV. The current vaccine, Gardasil, is quadrivalent or contains only 4 of these strains and states in the manufacturer’s information that it cannot treat or prevent HPV from other strains. Therefore, even if HPV were the single

or most prevalent cause of cervical cancer, use of this vaccine would literally be a shot in the dark.

In addition, what most parents or young women who are considering taking this vaccine are unaware of is the fact that it is an experimental vaccine without any proven track record of safety or effectiveness. The only studies which have been conducted were paid for wholly or in part by the vaccine manufacturer and all they were testing for was the development of antibodies after vaccination. It is interesting to note that these levels of antibodies declined to very low levels after 24 months, leading one to question why this vaccine, like the vaccination against Hepatitis B – another sexually-transmitted disease – will be targeting infants who will not be sexually active until many years after any ‘immunity’ from the vaccine has worn off.

It is presumed that once a person has developed a certain level of antibodies to a disease, they can technically be considered to be immune. Unfortunately, it has been known since the 1930s that antibodies are only one indicator of immunity – and not necessarily the most important measure either. People with very high levels of antibodies have still contracted the disease they were supposedly immune to whilst people with low to no antibody levels but active infection with a virus or bacteria have remained symptom-free. So the test of antibody levels which was used to determine that people who received the vaccine became immune to the virus was not an indicator of immunity at all – it simply indicated exposure to the vaccine.

### **Safety in question**

This vaccine was trialled on approximately 21,000 individuals – none of whom were followed for a long enough period of time to determine whether or not there were any side effects which arose weeks rather than

days after vaccination. In addition, the age group that was tested was much older than the age group which is included in the Australian schedule and a large cohort of men was included in this study despite the fact that no men are targeted by this shot at this time.

The ‘placebo’ which was used in the study was aluminium hydroxide—an adjuvant (chemical substance which is added to a vaccine to provoke a reaction) which has a very long list of reactions associated with its use. By definition, a placebo must be a totally inert substance which will never provoke a response. Aluminium hydroxide cannot possibly be considered a true placebo. Therefore, when the manufacturer said that there were not many more reactions in the group which received the vaccine when compared with the group that received the ‘placebo’, that is not necessarily a recommendation of safety.

In fact, there were 102 serious adverse events reported during this clinical trial including 17 deaths. Nearly 90% of those who received Gardasil and 85% of those getting the aluminium ‘placebo’ reported one or more adverse effects within 15 days – a very high level of reactions. These included headache, fever, nausea, dizziness, vomiting, diarrhoea and myalgia amongst those who received the placebo. These were also reported in the vaccine group along with reports of gastroenteritis, appendicitis, pelvic inflammatory disease, asthma, bronchospasm and arthritis.

Gardasil has not been evaluated for its ability to cause genetic abnormalities, for its safety in pregnant or breastfeeding women or for its ability to cause cancer. Anyone who takes this vaccine or who allows it to be administered to their child is playing a fine game of vaccination roulette with an unknown benefit and a possibility of great risk.

The Australian Vaccination Network recommends that we all become fully informed about the relevant risks and benefits of vaccines – and all medical procedures – and make the best possible choices for our families and ourselves. We ask everyone to remember that vaccination is not compulsory in Australia so the decision to vaccinate is and always must be yours and yours alone.

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# HPV (Human Papillomavirus) Vaccine



**Vaccine against  
 cervical cancer**

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