Concerns regarding HPV Vaccination

Cervical cancer is a very slow growing cancer, and it is unproven that the Human Papillomavirus (HPV) Vaccines prevent any cervical cancer. To date, the best cancer prevention methods continue to be Pap smears and routine exams. The sexual health decisions of our daughters and sons should not be determined by state public health officials or by state legislators, but by parents and their children, under the guidance of their physicians.

The HPV vaccines (Gardasil and Cervarix) were fast-tracked to approval by the FDA in 2006, and all safety studies on the vaccines were stopped.

HPV is a common sexually transmitted virus and there are more than 100 strains. However, 90% of the time, HPV is cleared naturally by the body with no lasting effects. It is unproven how long any protection from the vaccines may last and the vaccines only contain 4 or 9 strains of HPV.

Side effects from the HPV vaccines include: strokes, paralysis, joint pain, autoimmune diseases, chronic fatigue, vaginal warts, infertility, miscarriages, and deaths. Specific vaccine ingredients have been linked to these side effects: aluminum (neurological disorders) and Polysorbate 80 (infertility).

The Gardasil vaccine is responsible for 3 times as many visits to the Emergency Room as another adolescent vaccine (for meningitis) and 30 times the number of adverse events have been reported. http://www.nvic.org/downloads/nvicgardasilvsmenactravaersreportfeb-2009u.aspx


2. December 2015 – FDA approves the Gardasil 9 vaccine adding five more strains than the original Gardasil and Cervarix vaccines. This version of the vaccine has more than double the amount of aluminum (500mcg) than the original. http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm426445.htm

3. October 2015 - Dr. Sin Hang Lee, a pathologist, testifies that he found HPV DNA in the brains of girls who passed away following Gardasil vaccination. “Since cervical cancer has been proven to be almost 100% preventable by detection of the precancerous changes through regular cervical screening with Pap smears and HPV testing and treatment of the precancerous lesions, the proposal of adding general HPV vaccination to a well-screened women population is superfluous.” He has published 10 peer reviewed articles on HPV DNA in human samples. https://www.scottish.parliament.uk/S4_PublicPetitionsCommittee/General%20Documents/20151016_PE1574_A_Dr_Sin_Hang_Lee.pdf


www.njvaccinationchoice.org
5. **October 2013 - HPV Strains Affecting African-American Women Differ from Vaccines.** Findings indicate that two subtypes of HPV found in the vaccines (HPV 16 and HPV 18) are half as likely to be found in African-American women as in white women with precancerous cervical lesions. [http://www.sciencedaily.com/releases/2013/10/131028100851.htm](http://www.sciencedaily.com/releases/2013/10/131028100851.htm)

6. **September 2013 - HPV Vaccine: A Strong Criticism from Leading Israeli OBGYN Doctor.** An article published in the Israeli newspaper, The Jerusalem Post on September 22, 2013 said that Professor Uzi Beller, an obstetrics/gynecology chief and an international authority on gynecological cancers, strongly criticized Gardasil vaccination (1). The Center for the Biology of Chronic Disease (CBCD) urges American pediatricians and OBGYNs to consider the evidence. [http://www.prweb.com/releases/2013/9/prweb11149090.htm](http://www.prweb.com/releases/2013/9/prweb11149090.htm)

7. **June 2013 - Cervix Vaccine Issues Trigger Health Notice:** Japan’s health ministry suspends recommendation of HPV vaccines for girls 12 to 16 because of adverse reactions. [http://www.japantimes.co.jp/news/2013/06/15/national/cervix-vaccine-issues-trigger-health-notice/#.UhABSq7EnAE](http://www.japantimes.co.jp/news/2013/06/15/national/cervix-vaccine-issues-trigger-health-notice/#.UhABSq7EnAE)


   **Results:** All three patients developed secondary amenorrhea following HPV vaccinations, which did not resolve upon treatment with hormone replacement therapies. In all three cases sexual development was normal and genetic screen revealed no pertinent abnormalities (i.e., Turner's syndrome, Fragile X test were all negative). Serological evaluations showed low levels of estradiol and increased FSH and LH and in two cases, specific auto-antibodies were detected (antiovarian and anti thyroid), suggesting that the HPV vaccine triggered an autoimmune response. Pelvic ultrasound did not reveal any abnormalities in any of the three cases. All three patients experienced a range of common non-specific post-vaccine symptoms including nausea, headache, sleep disturbances, arthralgia and a range of cognitive and psychiatric disturbances. According to these clinical features, a diagnosis of primary ovarian failure (POF) was determined which also fulfilled the required criteria for the ASIA syndrome.


    **Conclusions:** Our study suggests that HPV vaccines containing HPV-16L1 antigens pose an inherent risk for triggering potentially fatal autoimmune vasculopathies.

More information can be found at:

- [www.nvic.org](http://www.nvic.org) – National Vaccine Information Center
- [http://tinyurl.com/mnyd2vc](http://tinyurl.com/mnyd2vc) - HPV vaccine video
- [http://www.cdc.gov/hpv/vaccine.html](http://www.cdc.gov/hpv/vaccine.html) - Centers for Disease Control

New Jersey Coalition for Vaccination Choice can be reached at [info@NJVaccinationchoice.org](mailto:info@NJVaccinationchoice.org)