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Fear-mongering about HPV and cervical cancer / Nordic Cochrane EMA complaint re safety of the HPV vaccines

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Dr Jefferson and Professor Gøtzsche, as mentioned in my previous email, **at this time there is no independent and objective analysis validating HPV vaccination, and apparently no scientific basis for the three dose regimen, certainly not for Cervarix.** (I have contacted Professor Ian Frazer to question the evidence base for three doses of Gardasil HPV vaccines. He has replied and I am considering his response.)

I suggest the public is being misled about the promoted 'efficacy' of globally fast-tracked HPV vaccination. At this time we have no idea of the long-term effects of this very questionable novel medical intervention, particularly if the risks will outweigh the touted benefits.

I also suggest there is much fear-mongering about HPV and cancer. Misinformation about HPV and cancer risk abounds, **much of it emanating from the so-called 'scientific' community.**

For example, in an article promoting HPV vaccination[1], HPV vaccine entrepreneur Professor Ian Frazer definitively states cervical cancer **"kills over 250,000 women world wide every year"** and describes cervical cancer as the **"second most common cause of cancer death in women"**, but provides no evidence to support these statements.

The use of these alarming statistics is highly questionable in countries where the risk of cervical cancer is very low.

Professor Frazer's alarmist annual 250,000 death rate is not relevant to Australian girls and women. Published statistics indicate that an estimated 245 deaths were attributed to cancer of the cervix in Australia in 2014.[2]

The risk of cervical cancer has been steadily decreasing in Australia. Between 1982 and 2014 cervical cancer was one of the cancers showing the greatest percentage-point decrease in incidence, from 14.2 to 7.0 per 100,000.[3] In the same period, the age standardised mortality rate of cervical cancer decreased from 5.2 to 1.8 per 100,000.[4] **Cervical cancer is listed as 19th on a list of the estimated 20 most common causes of death from cancers for females in 2010[5] and 2014[6], which is at odds with Professor Frazer's statement that cervical cancer is the "second most common cause of cancer death in women".**

Even a report on HPV vaccination in Australia acknowledges the low risk of cancer, saying **"Australia has one of the lowest rates of incidence and mortality from cervical cancer in the world.[7] In 2008, there were 9 cases of cervical cancer per 100,000 women of all ages, and in 2007, the age-standardised mortality rate from cervical cancer was 2 deaths per 100,000.[8] These are the lowest rates observed to date. Cervical cancer in Australia now occurs predominantly in unscreened or under-screened women."**[9] Which raises the question - **why did Australia implement mass HPV vaccination in 2007 when the disease threat was low, screening would still have to take place, and the long-term effects of HPV vaccination were unknown?** This expensive initiative also took funding away from other pressing medical problems. For example Gardasil vaccination of boys and girls in 2013/2014 cost over \$97 million[10], a very questionable expenditure, but a lucrative windfall for bioCSL, Professor Ian Frazer[11], and the University of Queensland.[12] These parties benefit from royalties from the sale of HPV vaccines in developed countries.

In regards to HPV, the Australian Government's National Cervical Screening Program webpage notes **"Most HPV infections clear up by themselves without causing any problems"** and **"It is important to remember that most women who have HPV, clear the virus and do not go on to develop cervical abnormalities or cervical cancer"**.[13]

Professor Frazer even acknowledges the low risk of cancer himself in his article promoting HPV vaccination on *The Conversation* website. In his advertorial, **Catch cancer? No thanks, I'd rather have a shot!** he says: **"Through sexual activity, most of us will get infected with the genital papillomaviruses that can cause cancer. Fortunately, most of us get rid of them between 12 months to five years later without even knowing we've had the infection. Even if the infection persists, only a few individuals accumulate enough genetic mistakes in the virus-infected cell for these to acquire the properties of cancer cells."** (My emphasis.)

Professor Frazer admits only ***"a few individuals accumulate enough genetic mistakes in the virus-infected cell for these to acquire the properties of cancer cells"***.

Given the admitted low risk associated with HPV and cancer, **I question whether it is justifiable to compel millions of children to be repeatedly vaccinated with novel, turbo-charged aluminium-adjuvanted VLP HPV vaccines.**

Who knows what interference with the natural progression of generally benign HPV may throw up in future, with the global fast-tracking of the still experimental VLP HPV vaccines. There is much scope here for 'unintended consequences', and the current generation of children and young people are the unsuspecting guinea pigs.

Parents and children are not being properly informed about still experimental HPV vaccination, their right to 'informed consent' is being denied.

Sincerely
Elizabeth Hart
<https://over-vaccination.net/>

References:

1. Ian Frazer. Catch cancer? No thanks, I'd rather have a shot! The Conversation, 10 July 2012.
2. See page xiii, Estimated mortality from cancer in 2014. Cancer in Australia: An overview 2014.
3. See page 20, Cancer in Australia: An overview 2014.
4. See page 52, Cancer in Australia: An overview 2014.
5. See page xi, Mortality from cancer in 2010. Cancer in Australia: An overview 2012. Australian Institute of Health and Welfare.
6. See page xiii, Estimated mortality from cancer in 2014. Cancer in Australia: An overview 2014.
7. International Agency for Research on Cancer. CANCERmondial. 2012. (Accessed 11 July 2012). As quoted in NCIRS Evaluation of the National Human Papillomavirus Vaccination Program. Final Report. 28 August 2014.
8. Australian Institute of Health and Welfare (AIHW). Cervical screening in Australia 2009-2010. Cancer series no. 67. Cat. no. CAN 63. Canberra: AIHW; 2012. As quoted in NCIRS Evaluation of the National Human Papillomavirus Vaccination Program. Final Report. 28 August 2014.
9. NCIRS Evaluation of the National Human Papillomavirus Vaccination Program. Final Report. 28 August 2014.
10. The National HPV Vaccination Program is a school-based program provided under the National Immunisation Program (NIP). Vaccinations provided under the NIP are free for eligible cohorts. The current contract with bioCSL for supply of Gardasil for the National HPV Vaccination Program is for both the male and female programs for 2013 and 2014, at a total cost of \$97,678,540.96 (GST Inclusive). Senate Community Affairs Committee. Answers to Estimates Questions on Notice. Health and Ageing Portfolio. Additional Estimates 13 & 15 February 2013. Question: E13-172.
11. ***"Ian Frazer as co-inventor of the technology enabling the HPV vaccines receives royalties from their sale in the developed world."*** Disclosure statement on Ian Frazer's article Catch cancer? No thanks, I'd rather have a shot! The Conversation, 10 July 2012.
12. ***"The Merck vaccine, Gardasil, was commercially released in 2006. Under the licensing arrangements, milestone and royalty payments from the sale of the Merck and GSK vaccines will be payable to UniQuest and will ultimately flow back to UQ (University of Queensland) and the researchers (Ian Frazer)."*** Group of Eight Australia. Module 4: Intellectual property and commercialisation. Case Study: Gardasil - an example of university licensing: <http://www.frlp.edu.au/module4/activity1.html>
13. About the human papillomavirus (HPV) and cervical cancer. Australian Government National Cervical Cancer Screening Program. Webpage accessed 13 December 2016.