

TO Delegate Joseline A. Pena-Melnyk, Chair, and Delegate Bonnie Cullison, Vice Chair
Committee on Health and Government Operations, Maryland General Assembly

FROM Sydney Perlotto, MPH Candidate, Yale School of Public Health

DATE April 12, 2023

SUBJECT **UNFAVORABLE – Written Testimony for [House Bill 1161: Public Health – Human Papillomavirus Vaccine – Information and Informed Consent \(Christina’s Law\)](#)**

Dear Madam Chair, Vice Chair, and honorable members of the Health and Government Operations Committee: Thank you for the opportunity to testify today against House Bill 1161, Public Health–Human Papillomavirus Vaccine–Information and Informed Consent.

My name is Sydney Perlotto, and I am a Master of Public Health Candidate at the Yale School of Public Health. I am also a proud UMD Terp who has dedicated my life to evidence-based health policy and practice—particularly to support those most vulnerable to disease and inequity. My time in College Park significantly influenced the person I am today, including instilling in me a keen interest in making scientific and health knowledge accessible to all.

As someone who has spent almost a decade studying and working on health topics related to gender, immunization, reproductive health, and misinformation—I am uniquely qualified to speak to the scientific contents and health ethics of this bill. Unfortunately, after an in-depth review of both the bill and existing evidence, I do not believe that H.B. 1161 appropriately centers the health and well-being of Marylanders. Rather, I believe the bill misconstrues data and undermines trust in ways that will actively perpetuate harm.

Firstly, H.B. 1161 contains blatantly false information within its “statements relating to HPV and HPV vaccines.” Most of the 27 risks for HPV vaccination listed within the bill are not substantiated by reputable research or clinical studies, nor are they supported by national or international government regulatory authorities. For example, the Advisory Committee on Immunization Practices, the committee of independent expert advisors to the Centers for Disease Control and Prevention whose assessments and recommendations are viewed as the gold standard for vaccine policy, has continuously found HPV vaccinations to be [safe and effective](#).¹ The World Health Organization Global Advisory Committee on Vaccine Safety has also regularly reviewed and repeatedly found HPV vaccines to be [extremely safe](#).² In fact, syncope (due to anxiety or stress related to the injection) or anaphylaxis (which occurs in approximately 1.7 cases per a million doses) are the only two clinically significant adverse reactions found after [more than 15 years of monitoring](#) of hundreds of millions of doses delivered worldwide.³

Secondly, H.B. 1161 not only fails to present the facts, but it fails to present a balanced perspective. Vaccines, like any medical or health decision, pose both risks and benefits. Yet, H.B. 1161 does not include any information on the [benefits of HPV vaccination](#), which protects people from asymptomatic viral infections that can lead to genital warts, cervical precancers, and multiple kinds of cancer.⁴ Most of us have or will be exposed to HPV at some point, with an estimated [85% of people](#) acquiring an HPV infection in their lifetime.⁵ Preventing infection with vaccination at an

early age is the most effective way to significantly reduce the risk of negative health consequences later. Given the numerous [social and economic inequalities](#) that impact U.S. health care access for many families and communities, HPV vaccination provides long-lasting protection to individuals who might not have consistent and reliable access to other forms of healthcare, such as cervical cancer screenings.⁶ To date, more than [135 million doses of HPV vaccines](#) have been safely delivered in the United States, and studies show that nationwide vaccination is helping to reduce HPV-related infections, warts, and precancers.⁷

Despite its clear safety record and protective benefits, HPV vaccination coverage remains strikingly low in the United States compared to similar countries. Much of this hesitancy is attributed to [myths and conspiracies](#) surrounding the vaccine, often related to [safety concerns or lack of necessity](#).⁸ Furthermore, health care providers themselves have intentionally or unintentionally [impeded uptake](#), failing to routinize HPV vaccination and treating it differently from other vaccines.⁹ As a result, adolescents miss out on critical preventative care because parents [notice the exceptionalism and defer vaccination](#).¹⁰ But allowing this mis- and disinformation to persist puts young people at risk for infection, fuels stress and panic among parents, and undermines trust in our health care providers and public health leaders. H.B. 1161 perpetuates this problem by manipulating evidence and hiding under the guise of informed consent to present false and misleading information. It also further singles out HPV vaccination as somehow different from other routine immunizations, thereby unnecessarily inciting hesitancy and distrust. Such legislation does not serve the public nor have their welfare in mind.

I was 13 years old in 2006 when the HPV vaccine was first authorized by the FDA in the United States (within the recommended age for vaccination), yet I did not receive the vaccine series until my own urging at age 25. Coincidentally, I was living in Maryland at the time and was able to have an evidence-based and comprehensive conversation with my healthcare provider about getting vaccinated without any unwarranted barriers, such as those this bill would introduce. Marylanders of all ages deserve to have this same experience. I urge you to issue an unfavorable decision for H.B. 1161. Thank you.

Sincerely,



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References

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- ⁴ Centers for Disease Control and Prevention. “Reasons to Get HPV Vaccine.” Last Updated November 10, 2021. Accessible at: <https://www.cdc.gov/hpv/parents/vaccine/six-reasons.html#:~:text=HPV%20vaccination%20is%20cancer%20prevention,attendance%20for%20a%20baseball%20game>.
- ⁵ Harrell W. Chesson, Eileen F. Dunne, and Lauri E. Markowitz. “The Estimated Lifetime Probability of Acquiring Human Papillomavirus in the United States.” *Sexually Transmitted Diseases*, 2014. 41, no. 11: 660-664.
- ⁶ Nambi Ndugga and Samantha Artiga. “Disparities in Health and Health Care: 5 Key Questions and Answers.” Kaiser Family Foundation. May 11, 2021. Accessible at: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.
- ⁷ Centers for Disease Control and Prevention. “HPV Vaccine Safety and Effectiveness Data.” Last Updated November 1, 2021. Accessible at: <https://www.cdc.gov/hpv/hcp/vaccine-safety-data.html>.
- ⁸ Virginia Commonwealth University. “Fighting Misinformation with Science-based Messages Can Improve Public Perceptions of HPV Vaccines.” December 6, 2022. Accessible at: <https://news.vcu.edu/article/2022/12/fighting-misinformation-with-science-based-messages-can-improve-perceptions-of-hpv-vaccines>; Johns Hopkins Medicine. “The HPV Vaccine: Why Parents Really Choose to Refuse.” October 24, 2018. Accessible at: <https://www.hopkinsmedicine.org/news/newsroom/news-releases/the-hpv-vaccine-why-parents-really-choose-to-refu>.
- ⁹ National Public Radio. “Doctors, Not Parents, Are The Biggest Obstacle To The HPV Vaccine.” October 22, 2015. Available at: <https://www.npr.org/sections/health-shots/2015/10/22/450827102/doctors-not-parents-are-the-biggest-obstacle-to-the-hpv-vaccine>.
- ¹⁰ Perkins, Rebecca, et al. “Missed Opportunities for HPV Vaccination in Adolescent Girls: A Qualitative Study.” *Pediatrics*, 2014. 134, no. 3: e666-74.