Dear Committee members,

I would like to provide written testimony in support of HB1161. I graduated from Moscow State University in Russia with M.S. in Chemistry and obtained my Ph.D. in Chemistry at CWRU in the USA. I work as a bench scientist in the field of biochemistry for more than 20 years and I strongly believe that science often leads to serendipitous and unpredicted results. And we as honest scientists must follow the actual results and change our working theory accordingly. HPV vaccine introduction in 2006 was heralded as an advance to significantly cut the amount of high-risk HPV infections and subsequently HPV-induced cervical cancers. However, cervical cancer rates among millennial women rose by 2.5 percent each year from 2012 to 2019, reversing years of declining incidence in this age group, as was shown in a JAMA publication (https://jamanetwork.com/journals/jama/article-abstract/2799049) and discussed in detail in the Hill newspaper (https://thehill.com/changing-america/well-being/prevention-cures/3745263-study-details-rise-of-cervical-cancer-among-millennial-women-reversing-historic-declines/ ).

Why do we see these unexpected results?

May be

1) More girls got vaccines after they got infected with HPV viruses and it was established that Gardasil (HPV vaccine) efficacy was not significant (25%) among women who had an active cervical HPV 16/18 infection at vaccination (https://www.cancernetwork.com/view/hpv-vaccine-can-protect-previously-exposed-patients).

2) Or maybe more girls skipped the Pap smear test which is still required to cover all possible high-risk HPV strains. And previous research has shown a decline in cervical cancer screening rates among women after 2013 (https://doi.org/10.1016/j.ypmed.2017.05.004).

3) Another possibility is that new high-risk strains that are not covered by this vaccine became more abundant and caused an increase in cancer rates. It was demonstrated that in previously vaccinated girls rates of some non-vaccine high-risk HPV types were higher since the introduction of vaccines in female youth in New York City. (Incidence of HPV Infection in Girls and Young Women Immunized With the HPV Vaccine)

All these possibilities are new exciting research projects but from the health policy perspective, it is unwise and detrimental to residents' trust in the Maryland healthcare system to push the same vaccines unabated as no new scientific information collected. We need to follow science and provide meaningful informed consent for the HPV vaccines (Gardasil and Gardasil9). The last three years significantly erased the public's trust in science and healthcare establishment. Unfortunately, our public health community created a new and powerful generation of never-vaxxers, which could lead to devastating results. Once the population's trust in government is lost it is very difficult to recover, and I say this from my personal experience growing up in USSR. I ask you for a FAVORABLE vote for HB1161 to demonstrate to your constituency that you follow the facts on the ground and not abstract theories and listen to the people's concerns and wishes.

Sincerely,

Dr. Poliakov