WITNESS: Jill Ellen Smith

JURISDICTION: Baltimore County

BILL#: HB1161

TITLE: Public Health—Human Papillomavirus Vaccine—Information and Informed Consent (Christina's Law)

POSITION: SUPPORT

I am a lifelong Maryland resident and a health care practitioner for over 40 years. I am writing in support of HB 1161 because doctors must be required to clearly state all risks associated with the HPV vaccine (along with the benefits).

I allowed my daughters to receive the Gardiasil vaccine when they were 17 years old. I was trusting my doctor's advice. Within a year of receiving the series of 3 my oldest daughter had a positive pap smear for HBV. My youngest daughter (now 28), within 5 days of the first shot, developed acute genital ulcers. If you have ever had a canker sore in your mouth, imagine several on your inner genitalia! She suffered horribly for nearly 2 weeks until it resolved. I did not allow her to go forth with the rest of the series. In spite of that for every year (for nearly 4 years) she developed the ulcers or felt the sensation of them starting again. I offer a link here to research to substantiate a connection between the HPV vaccine and genital ulcers. https://www.ommegaonline.org/article-details/Post-Gardasil-and-Cervarix-HPV-Vaccine-Syndrome/1736

Search this site

Links to research concerning Gardasil

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Shell Drawing by Chris 2006

Shoenfeld Y, Agmon-Levin N. 'ASIA' – Autoimmune/inflammatory syndrome induced by adjuvants. *Journal of Autoimmunity* (2010), 2010; XXX: 1-5.*"…we suggest that these four somehow enigmatic conditions: siliconosis, MMF, GWS and post-vaccination phenomena*

that share clinical and pathogenic resemblances will be included under a common syndrome entitled the 'Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants (ASIA).'"

Spinosa JP. Letter to the Editor. *Cancer Letters* 2011; 304:70. *In a recent letter to the Editor by Dr. Jean Pierre Spinosa which was published in Cancer Letters, Dr. Spinosa discusses the possibility of viral replacement of the targeted HPVs by other high risk HPVs associated with cervical cancer. In addition, there is evidence that for women with positive HPV 16 or 18 at the time of vaccination, there is an increased risk of CIN 2/3 precancerous lesions or cervical cancer itself.*

Lee, NC., Associate Director for Science, CDC. Testimony on cervical cancer before the House Committee, Subcommittee on Health and Environment. March 16, 1999. W*hile the high risk hpvs are necessary, they are not sufficient to cause cervical cancer. According to testimony on cervical cancer given by Dr. Nancy C. Lee before a Congressional Committee, cofactors like sexual behaviors, smoking, and immunosuppressive disorders play a role. She also states," the most important risk factor for developing cervical cancer… is the failure to receive regular screening with a Pap smear."*

Tomljenovic L, Shaw CA. Mechanisms of Aluminum adjuvant toxicity and autoimmunity in pediatric populations. *Lupus* 2012; 21:223-230. *"In summary, research evidence shows that increasing concerns about current vaccination practices may indeed be warranted."*

Shaw CA, Petrik MS. Aluminum hydroxide injections lead to motor deficits and motor neuron degeneration. *J Inorg Biochem* 2009; 103: 1555-1562.

VRBPAC Meeting. *VRBPAC Background Document. Gardasil HPV Quadrivalent Vaccine.* May 18, 2006; 13-14. http://www.fda.gov/ohrms/dockets/ac/06/briefing/2006-4222B3.pdf. Accessed February 20, 2012.*VRBPAC meeting at which it was disclosed that woman who already had the targeted 16 or 18 HPVs had a 44.6% **increased** risk of developing precancerous lesions or cervical cancer if they received the vaccine.*

Wright TC Jr, Stoler MH, et al. The ATHENA human papillomavirus study: design, methods, and baseline results. Am J Obstet Gynecol. 2012; 206: 46.el-46.ell. (see Table 3). *Table 3 of this study compared hpvs present in HPV vaccinated and unvaccinated women. The study showed a drop of a mere 0.6% of HPV 16 and 1.1% decrease in HPV 18. At the same time, however, the **vaccinated** women had a 4 to 10x **increase** in all of the other high risk, potentially cancerous HPVs.*

Brotherton, JML, et al. Anaphylaxis following quadrivalent human papillomavirus vaccination. *CMAL* 2008; 179 (6): 525-33.*"Based on the number of confirmed cases, the estimated rate of anaphylaxis following quadrivalent HPV vaccine was significantly higher than identified in comparable school-based delivery of other vaccines."*

Corte, CD, et al. Autoimmune hepatitis type 2 following anti-papillomavirus vaccination in an 11-year-old girl. *Vaccine.* 2011; 29: 4654-4656.*"….we suggest that the occurrence of the autoimmune hepatitis may be related to the stimulation of immune system by adjuvated-vaccine, that could have triggered the disease in a genetically predisposed individual."*

Souayah N, et al. Guillain-Barre syndrome after Gardasil vaccination: Data from Vaccine Adverse Event Reporting System 2006-2009.*"Using data from Vaccine Adverse Event Reporting System, we identified 69 reports of Guillain-Barre Syndrome (GBS) after Gardasil vaccination that occurred in the U.S. between 2006 and 2009. …The estimated weekly reporting rate of post-Gardasil GBS within the first 6 weeks (6.6 per 10,000,000) was higher than post-Menactra and post-influenza vaccinations."*

Sarojini NB, et al. The HPV Vaccine: Science, Ethics and Regulation. *Economic and Political Weekly* November 27, 2010; XLV (48): 27-34. *"A recent civil society-led investigation has highlighted serious*

ethical violations in a trial of the Human Papilloma Virus vaccine on girls in Khammam district in Andhra Pradesh. …they illustrate how the promotional practices of drug companies, pressure from powerful international organizations, and the co-option of, and uncritical endorsement by, India's medical associations are influencing the country's public health priorities."

J. Jesitus. HPV vaccine possibly linked to cutaneous PAN. *Dermatology Times,* Aug 2009. http://www.modernmedicine.com/modernmedicine/Dermatology/HPV-vaccine-possibly-linked-to-cutaneous-PAN/ArticleStandard/Article/detail/616459

J.H.K. Hull, S.H.Mead, O.J. Foster, and H. Modarres-Sadeghi. Severe vasculitic neuropathy following influenza vaccination. *Journal of Neurology, Neurosurgery, and Psychiatry, 75:507-508, 2004.*

I. Sutton, R. Lahoria, I.Tan, P.Clouston,and M.H. Barnett. CNS demyelination and quadrivalent HPV vaccination. *Muscular Sclerosis*, 00:1-4,2008.

Report of motor neuron disease after HPV vaccine, 2009. Available from World Wide Web: www.medscape.com/viewarticle/711461. Paper presented at the American Neurological Association (ANA) 134th Annual Meeting (link last accessed February 5, 2010).

D. Kanduc. Quantifying the possible cross-reactivity risk of an HPV 16 vaccine. *Journal of Experimental Therapeutics and Oncology,* Vol. 8, 2009.

Research articles are also available at www.sanevax.org , www.nvic.org .

I also encourage you to review documents Phillips-Offit-Wakefield Syndrome to understand the connection between Gardiasil vaccine and acute genital ulcers.

Currently, there are over 70,000 reports of adverse events from the HPV vaccine reported in VAERS, including 560 deaths. Over 90% of Human Papilloma Virus (HPV) infections clear with no treatment or intervention. Rates of HPV-related cancers in the U.S. are low and protection from HPV infection conferred by HPV vaccines has never been adequately demonstrated. Cervical cancer is preventable with regular PAP screening, and women who receive the HPV vaccine still need to be screened yearly with PAP screening. There is evidence that subjects previously infected with HPV 16/18 strains who are subsequently vaccinated for HPV could thereby increase their risk of getting cervical cancer by 44.6%.

I urge you to vote in FAVOR of HB1161 because it would require doctors/pediatricians to inform patients of all the risks.