

Please support HB1161 that would insure complete Vaccination Information Statements (VIS) for the Human Papillomavirus Vaccine.

Even if one receives a VIS for this vaccine, the VIS fails to give adequate information for an informed decision. **HB1161** would require that providers give patients/parents additional information to make an informed decision based on proven facts, not hypothetical and exaggerated claims of benefit.

There are now over 73,000 VAERS reports and at least 15% are serious, including more than 560 deaths. Only 1% of cases get reported so the actual numbers are much higher.

Top Ten Things We Need to Know and are missing from the current VIS:

- 1. HPVs clear naturally 90% of the time in two years with no treatment.*
- 2. Cervical cancer is preventable with regular Pap screening*
- 3. It is necessary for females to continue with Pap screening even if vaccinated with HPV vaccines because the vaccine does not address all high-risk HPVs*
- 4. Rates of HPV associated cancers (cervical, vaginal, anal, penile, throat) have been very low in the US, under 1%, even prior to the introduction of HPV vaccines in 2006*
- 5. HPV related cancers are typically diagnosed in people over age 50 with other risk factors.*
- 6. Symptoms associated with adverse events following HPV vaccination should be mentioned.*
- 7. Adverse events following vaccination can occur weeks even months after vaccination.*
- 8. In post-licensure safety surveillance, the VAERS reporting rate for Gardasil was 3x greater than that for all other vaccines combined.*
- 9. Females positive for HPV 16/18 who then get HPV vaccines could thereby increase their risk of getting cervical cancer by 44.6%. There is no pre-testing to see who is vulnerable*
- 10. The vaccine contains known neurotoxins like aluminum and has not been tested for interaction with other vaccines given concurrently like COVID 19 vaccines.*

Please make sure this bill is passed.