

# HPV Vaccine – Have We Taken Leave of Our Senses?

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**I speak** to a lot of parents about child health and vaccination, as they try to make sense of the confusing and often alarmist information they are given about childhood illnesses. We usually discuss holistic concepts of health and disease and the role played by infectious diseases, usually viral, in causing:

- **A raised temperature** which allows various parts of the immune system to function more efficiently,
- **Reduced appetite**, no sense giving the body more to metabolise when it is attempting to 'clean' itself out,
- **Diarrhoea and or vomiting** – more elimination attempts,
- **Rash** - elimination of toxins through the skin,
- **Free flow of mucus**, often helping the child's body to get rid of the excessive amounts of cow's milk or soya we are encouraged to feed our babies and particularly noticeable after MMR vaccination,

so that a new stage in development can be reached, depending upon the child's age: maybe a new tooth, a toddler walking straight, new words, emotional maturation eg coping with separation and unfamiliar situations – just think of all those coughs and colds that children get in the winter term when they start the new academic year or nursery, it's not the new microbes that they meet – they are meeting germs all the time – it is the new situations in which they find themselves that require a 'sweeping clean' of the old ways and habits.

Then we look at how immunity develops naturally; how this differs from what is produced artificially by vaccination; and talk about specific diseases, worries pertinent to that

particular family or child, individual situations and social circumstances.

What is really surprising me at the moment, is the number of parents of small babies who are asking me about the HPV or 'Cervical Cancer' vaccine.

At a lecture I gave recently, the number one topic at question time was the HPV vaccine.

I am amazed that a vaccine that has so little relevance to infants and children is generating such curiosity in their parents.

Having spent a considerable amount of time over the last 15 years researching into the diseases against which we vaccinate babies and children and their vaccines, and having investigated some of the major league diseases of the last two centuries – smallpox, tuberculosis, diphtheria, tetanus, paralytic polio – and the large reductions in deaths due to better diet, improved housing, clean water and drains, that preceded the introduction of the vaccines in most cases; by the time we get to some of the latest vaccines that have been tacked onto childhood schedule here and abroad, I begin to start suffering from 'antigen overload' if not 'vaccination fatigue' myself, never mind the babies!

I can understand the large degree of anxiety that surrounds the '*major league*' diseases and their vaccines, but by the time we get on to the pneumococcal, chicken pox and 'flu vaccine, I begin to wonder when it is that people will begin to ask themselves how they can be so terrified about diseases that they have mostly never even heard of (pneumococcus), never knew that children got ('flu) or would be taken by their parents deliberately to try to



catch (chicken pox, and in my day, measles, mumps and rubella)! How is it that parents themselves have managed not only to reach adulthood but to reproduce successfully, without being vaccinated with any of these vaccines, that they now feel terrified that their children won't manage to do the same?

I also never cease to be amazed by the medical profession: will there ever be a time when they say, "Enough! This is ridiculous!" instead of meekly implementing whatever new vaccination program the Department of Health imposes upon like a flock of sheep ('herd immunity?'), having left their cognitive faculties at home.

Then the Human Papilloma Virus (HPV) Vaccine is introduced and I wonder if anyone has any sense of proportion left at all.

## What do I think of the HPV vaccine?

Well, it always helps to have some 'facts' so here they are:

1. HPV is a small DNA virus
2. It only infects humans
3. Infection with HPV cause warts, verrucas, flat warts, papillomas on the vocal cords, genital warts and is associated with cervical cancer
4. There are more than 100 types so far identified

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5. 30-40 of these infect the genital area of men and women
6. Deaths from cervical cancer have been decreasing in a linear fashion in the UK since the 1970s thanks to the cervical screening programme, even though the incidence of genital warts has been going up over the same period in both men and women
7. Cervical cancer is a sexually transmitted disease – if you don't have sex, ever, you won't get it.
8. The commonest types of HPV associated with cervical cancer are: 16, 18 (comprising about 70%), 45, 31, 33, 35, 39, 45, 51, 52, 58, 59, 66
9. The commonest types associated with genital warts are 6 and 11 (comprising about 90% of cases)
10. At least half of all sexually active women acquire genital HPV in their lives
11. Approximately 70% of new infections clear within one year, 91% within 2 years, most clearance is in the first 6 months
12. The ones that don't clear are the most important predictors of cervical epithelial changes (which can be detected with the cervical screening programme and treated)
13. Risk factors associated for HPV in women are:
  - \* Early age at first sexual intercourse,
  - \*multiple partners,
  - \*partner having multiple partners,
  - \*smoking,
  - \*use of hormonal contraceptives,
  - \*inconsistent condom use,
  - \*immune factors (not specified)
14. Risk factors associated for HPV in men are: \*many of same factors and \*lack of circumcision, \*immune factors (not specified)

## Amidst all these facts it should be noted that:

- \***There are no culture methods for HPV:** detection of viral DNA is used to measure infection so transmission studies are difficult
- \***There is no routine testing of HPV** infection so there is limited prevalence or incidence data
- \***There is no reporting of HPV**

infection or HPV associated conditions so there limited surveillance data to assess the impact of interventions.

**\*HPV infection or HPV associated conditions are not always associated with antibody detection** so there is no reliable marker of current infection

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*Even if I were of the target age group, I would never consider having myself or my daughters vaccinated with this vaccine - and nor would they. We would prefer to take our chances with the good old wild virus in all of its forms any day.*  
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## HPV vaccines currently available:

\***Gardasil** (USA) contains antigens for four types of HPV: 6, 11, 16, 18. Short term studies (less than 4 years) in 16-26 year olds looked at presence or absence of HPV virus to measure efficacy. Trials in 10-15 years olds, also short term, only looked at the persistence of vaccine antibodies to the vaccine to indicate 'protection'. *Specific studies on adverse effects were for 30 days post injection.*

\***Cervarix** (UK) contains antigens for two types of HPV: 16 & 18. Studies in 15-25 years olds looked at presence of HPV virus to indicate efficacy. Trials in 10-14 years olds again, used presence or absence of vaccine antibodies as an indicator of 'protection'. As the manufactures put it, " *On the basis of these immunogenicity data, the efficacy of Cervarix is inferred*" this is not the same as the vaccine actually making you immune.

It is interesting that infection with the virus itself often results in no antibody formation but injection with the vaccine results in high levels, especially in the under 15 year olds.

## Are these vaccines worth having?

Points to consider:

- a. The virus in all its types is very common, most sexually active women are exposed to it at some time in their life, and most men; most people clear the infection. There are two types of HPV particularly associated with cervical carcinoma: 16 and 18, but there are many more women infected with these types who don't get cervical cancer than do, and many women with cervical cancer are infected with other types than are in the vaccine.
- b. Vaccination with a few 'types' of an organism can produce a selection pressure for previously non harmful types to 'fill the gap'. This has certainly happened with Hib vaccination.
- c. There are other factors than HPV infection associated with cervical cancer – as detailed above. You could try to avoid early age at first sexual intercourse, which is a good idea from an emotional point of view anyway, and smoking. You could use condoms and make sure you have regular cervical screening. 'Immune factors' are mentioned but not specified. Boost your immune system by a good diet, fresh air and a relaxed, optimistic outlook.
- d. HPV vaccination, like any other vaccination, exposes the recipient to a different virus to that which they would naturally meet, along with other compounds (aluminium), in a different dose at a different age, via a different route – bypassing all the body's natural barriers and non specific protective immune mechanisms – in a formulation specifically designed to provoke a large antibody response. All of these factors can cause problems in the long and short term.
- e. As usual, there is no idea of the prevalence of the disease before the vaccine was introduced (as with mumps and rubella) so there is no reliable way of knowing what impact it is making.
- f. As usual also, there are no long

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term follow up studies. No-one knows how long the vaccine antibodies, such as they are, will last: some predictions are as low as 5 years. The transition from infection to cervical cancer, if it occurs at all, is typically decades. Who knows what changes this vaccine made with “*virus-like particles produced in yeast cells*” will produce in the human body in the future, in terms of susceptibility to oncogenesis (tumour

formation)and, most particularly, what effect it will have on fertility. g. In a brilliant piece of marketing strategy the high level publicity about the illness and death of Jade Goody (RIP), which brought cervical cancer right to the forefront of the public consciousness, was at exactly the same time that the Government was launching its HPV mass vaccination campaign. No-one used to be anxious about HPV, now lots of

people are: more anxiety, more fear, more nails in the coffin of the immune system.

Even if I were of the target age group, I would never consider having myself or my daughters vaccinated with this vaccine - and nor would they. We would prefer to take our chances with the good old wild virus in all of its forms any day.

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## References

Powerpoint presentations by Margaret Stanley of the Department of Pathology in Cambridge [http://www.immunisation.nhs.uk/files/HPV\\_disease\\_epidemiology.pdf](http://www.immunisation.nhs.uk/files/HPV_disease_epidemiology.pdf) and Eileen Dunne MD MPH , Division of STD prevention CDC (Feb 2006) <http://www.advisorybodies.doh.gov.uk/JCVI/foi-HPVsubgrouppapers0707-ACIPepidemiology.pdf> Centres for Disease Control USA HPV Fact Sheet 2004 <http://www.cdc.gov/std/HPV/hpv.pdf>

## Product information Sheets for:

Gardasil (Sanofi Pasteur MSD Limited) <http://emc.medicines.org.uk/medicine/19016/SPC/GARDASIL/>  
Cervarix (GlaxoSmithKline UK) <http://emc.medicines.org.uk/medicine/20204/SPC/Cervarix/>  
Cancer Research UK Cervical Cancer <http://info.cancerresearchuk.org/cancerstats/types/cervix/mortality/>

## Source of Information bout Vaccines to be read in conjunction with Department of Health Information

Vaccinatable Diseases and their Vaccines by Jayne LM Donegan (Nov 2008) <http://www.jayne-donegan.co.uk/LinkClick.aspx?fileticket=d%2ffky%2flvwv4%3d&tabid=826>

**To book a telephone or in person consultation to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area,**

**please call: T/F 0044 (0)20 8632 1634 leaving your details clearly  
or email: [jaynelmdonegan@yahoo.com](mailto:jaynelmdonegan@yahoo.com)**



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## Lectures Offered:

**'Vaccination – the Question'**

**'Vaccination – the Science' (for practitioners and very interested parents)**

**'Vaccination and Travel Medicine'**

**'What do you do if you don't Vaccinate (and also if you do)? Supportive treatment of Childhood Illnesses'**

**\* 'Mumps, Measles, Rubella – Which is better: The Disease or the Vaccine?'**

**'Tetanus and Treatment of Cuts and Grazes' \*\*\*\*\* Focus on Meningitis - How Can You Avoid It**

**• 'How to Raise a Healthy Child (and Parent!)' \*\*\* 'Homeopathy for Children - An Introduction'**

**'Oh Happy Days! Food Refusal, Bed Times and other 'Parental Learning Opportunities'**

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