

Say no to CERVICAL CANCER VaccinE

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What is HPV (human papillomavirus)?

cancer.gov/hpv

HPV is a group of more than 200 related viruses, some of which are spread through vaginal, anal, or oral sex. Sexually transmitted HPV types fall into two groups, low risk and high risk.

- Low-risk HPVs mostly cause no disease. However, a few low-risk HPV types can cause warts on or around the genitals, anus, mouth, or throat.
- High-risk HPVs can cause several types of cancer. There are about 14 high-risk HPV types including HPV 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68. Two of these, HPV16 and HPV18, are responsible for most HPV-related cancers.

HPV infection is common: Nearly all sexually active people are infected with HPV within months to a few years of becoming sexually active. Around half of these infections are with a high-risk HPV type.

HPV can infect anyone regardless of their sex, gender identity, or sexual orientation.

Most HPV infections don't cause cancer: Your immune system usually controls HPV infections so they don't cause cancer.

High-risk HPV infections that persist can cause cancer: Sometimes HPV infections are not successfully controlled by your immune system. When a high-risk HPV infection persists for many years, it can lead to cell changes that, if untreated, may get worse over time and become cancer.

HPV vaccination can prevent cancer: HPV vaccines can prevent infection with disease-causing HPV types, preventing many HPV-related cancers and cases of genital warts.

HPV is considered to be a sexually transmitted disease, yet it is found in virgins!

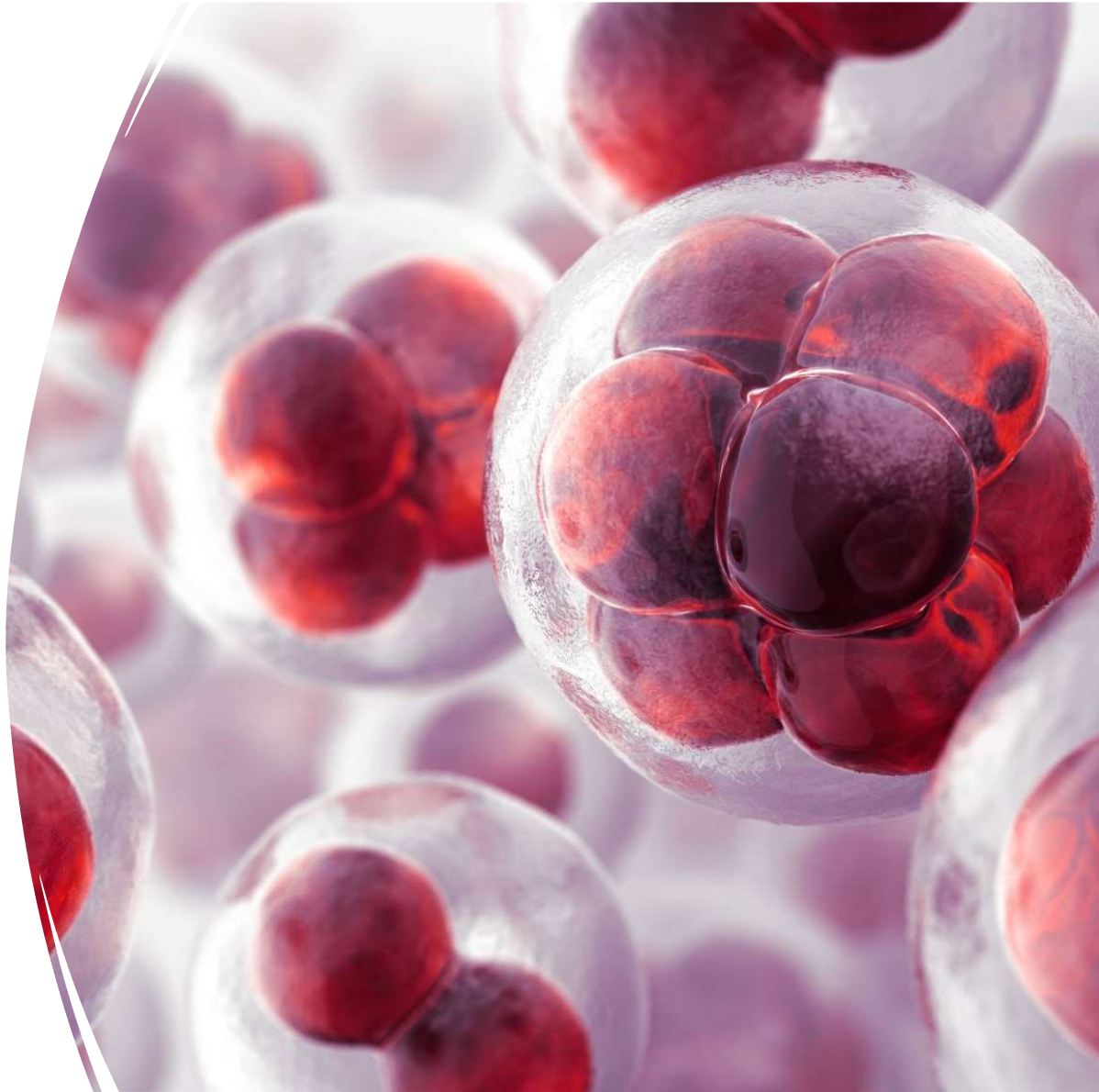
- It has been detailed in studies of HPV in female virgins , in children with genital warts (low-risk HPV) without a history of sexual abuse . A study on female virgins found 51.1% HPV positive, compared with 69.1% of sexually active females.
- Ubiquitous, HPVs are detected in commensal cutaneous flora of more than 50% of healthy individuals ([37](#)), particularly in children by 4 years of age ([38](#))
- **Immunity to commensal papillomaviruses protects against skin cancer**



Why vaccine in young girls/boys

- Incidence of cervical cancer under the age of 20 or even 35 years is rare, yet immunity from vaccine is considered to only last for about ? 12-15-20 -25 years.
- Vaccinating 9-12-year-olds is therefore of no use.
- Research says till the age of 25-26, natural immunity is strong & HPV gets cleared on its own.
- Screening is also recommended after the age of 26.
- So, why vaccine at young age?
- Even after Vaccine, screening is needed
- By the age of 25-26, sexual contact is usually developed and hpv infection of any type can occur.
- Not all types is covered by Vaccine!
- Vaccine does not guarantee 100% immunity, if precancerous lesion occurs, treatment is same as for non vaccinated.
- **Vaccination may not result in protection in all vaccine recipients**
- **Merck's clinical trials of Gardasil did not test whether HPV vaccines prevent cervical, anal or other cancers. Instead, Merck tested the vaccines against development of certain lesions, ie precursor lesions which could be self limited or detected by screening & need treatment.**

Boys are now being targeted as the next group to receive the HPV vaccine. (another £100 million in sales?!)



HPV infection

Case Report 2018(BMC Neurol)

Vaccine is against virus which causes precancerous lesions

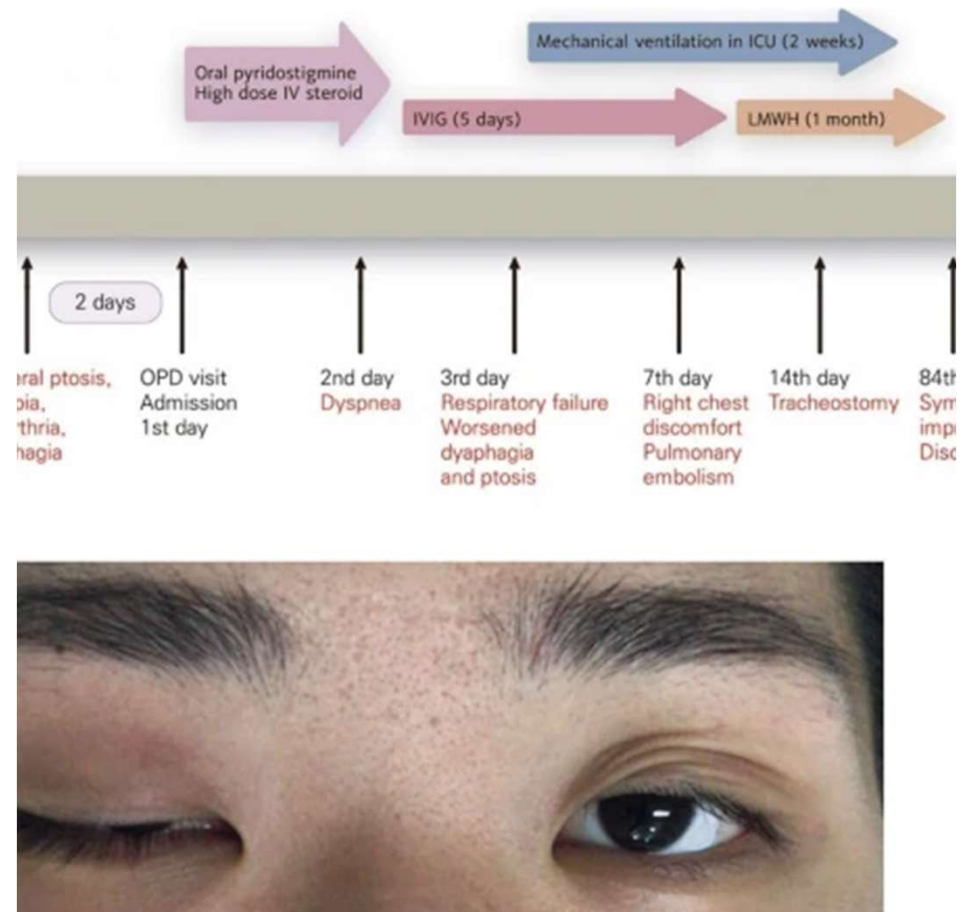
More than 200 subtypes of hpv

100 are transmitted sexually

Not all are studied yet

Initially **bivalent**,

now **nanovalent**



Questions unanswered

- Do serum antibodies detected after natural infection confer protection against reinfection with the same HPV genotype?
- Does a DNA-negative state represent complete virologic clearance or immunologic control of infection below detection limits of current HPV assays (i.e., viral latency)?

Suites against Gardasil in USA

2 CANCER CAMP LEJEUNE PHILIPS CPAP RECALL BARD POWERPORT TYLENOL AUTISM

May 24/2023

Till July 2023, 10,000 lawsuits against Merck & GlaxoSmithKline.

\$830 million payment by Merck in 2020

Autoimmune and neurological disorders and even death.

Merck Ordered To Produce Entire Gardasil Adverse Event Database in Lawsuits Over HPV Vaccine Side Effects

Data on all Gardasil adverse events must be turned over to plaintiffs, as well as information on its key opinion leaders on the HPV vaccine and numerous other internal documents.



Gardasil package insert

- **The health care provider should inform the patient, parent, or guardian that vaccination does not eliminate the necessity for women to continue to undergo recommended cervical cancer screening. Women who receive GARDASIL should continue to undergo cervical cancer screening per standard of care. [See Patient Counseling Information (17).**
- **GARDASIL has not been demonstrated to provide protection against disease from vaccine and nonvaccine HPV types to which a person has previously been exposed through sexual activity. [See Clinical Studies (14.4, 14.5).]**
- GARDASIL is not intended to be used for treatment of active external genital lesions; cervical, vulvar, vaginal, and anal cancers; CIN; VIN; VaIN; or AIN.
- GARDASIL has not been demonstrated to protect against diseases due to HPV types not contained in the vaccine. [See Clinical Studies (14.4, 14.5).]

Gardasil package insert

- Not all vulvar, vaginal, and anal cancers are caused by HPV, and GARDASIL protects only against those vulvar, vaginal, and anal cancers caused by HPV 16, 18, 31, 33, 45, 52, 58
- GARDASIL does not protect against genital diseases not caused by HPV. **Vaccination with GARDASIL may not result in protection in all vaccine recipients.**
- **GARDASIL has not been demonstrated to prevent HPV-related CIN 2/3 or worse in women older than 26 years of age. [See Clinical Studies (14.7)].**

- **HPV-Negative Cervical Cancer Needs More Attention and Research**
- **—HPV-negative cervical cancer research and progress has been overshadowed by progress for HPV-positive cervical cancer. Gaps in knowledge regarding biologic characteristics, biomarkers, classification, models, and therapeutic targets need to be address**

Jennifer Logan, MD, MPH

Gardasil ingredient

- Each 0.5-mL dose of the vaccine also contains approximately
- 500 mcg of aluminum (provided as AAHS),
- 9.56 mg of sodium chloride,
- 0.78 mg of L-histidine,
- 50 mcg of polysorbate 80,
- 35 mcg of sodium borate,
- < 7mcg of yeast protein
- No preservatives/ No antibiotics

Aluminium Toxicity



Aluminium in Irish
Infant Vaccines:
5185mcg



FDA "safe" limit via intravenous injection:
25mcg

Question: What is Aluminium?

Answer: Aluminium is a heavy metal .

Question: Why is it in the vaccine?

Answer: It is added to the vaccine to provoke an immune response and reaction. ie: "Adjuvant".

Question: Why are we concerned with the presence of Aluminium in vaccines?

Answer: Aluminium is a confirmed neurotoxin, a carcinogen and is linked to Alzheimers/Parkinsons disease/brain degeneration/ASD (autism spectrum disorder)



Sources: <https://www.askdrsears.com/topics/health-concerns/vaccines/vaccine-faqs>
<https://www.ncbi.nlm.nih.gov/pubmed/21157018>
<http://carcinogens-and-toxic-chemicals.blogspot.ie/2013/01/toxic-chemicals-and-carcinogens-in.html?m=1>
<https://www.ncbi.nlm.nih.gov/pubmed/23609067>



ALUMINIUM TOXICITY RISKS



- Neurotoxin,
- Carcinogen,
- Alzheimers Disease,
- Parkinsons Disease,
- Brain Degeneration
- Autism Spectrum Disorder



**5185mcg of
Aluminium is injected
into Irish infants by
13 months old**



*Know the ingredients, risks & diseases
and make an informed choice*

High doses of aluminum in vaccines

ALUMINUM CONTAINING VACCINES

| VACCINE NAME | AMOUNT OF ALUMINUM |
|--------------------------------|--------------------|
| HEPATITIS B | 250MCG |
| HEPATITIS A | 225MCG |
| DTAP (AND TDAP, FOR ADULTS) | 330-625MCG |
| HIB (ONLY CERTAIN BRANDS) | 225MCG |
| PNEUMOCOCCAL (PREVNAR 13) | 125MCG |
| HPV (GARDASIL) | 500MCG |
| MENINGITIS B | 1,500MCG |

ALUMINUM-FREE VACCINES

MMR, POLIO, ROTAVIRUS, VARICELLA,
THE ACTHIB VERSION OF THE HIB VACCINE

| | Quadrivalent vaccine (qHPV) | Bivalent vaccine (bHPV) |
|----------------------------------|---|---|
| Commercial name and HPV types | Gardasil® HPV 6/11/16/18 | Cervarix® HPV 16/18 |
| Administration schedule | 9–13 years: 0, 6 months Over 13 years: 0, 2, 6 months | 9–14 years: 0, 6 months Over 14 years: 0, 1, 6 months |
| VLP dose and producer cells | LI dose 20/40/40/20 µg <i>Saccharomyces cerevisiae</i> (baker's yeast) expressing LI | LI dose 20/20 µg <i>Trichoplusia ni</i> (Hi 5) in cell line infected with LI recombinant baculovirus |
| Adjuvant | 225 µg aluminum hydroxyphosphate sulfate (ASO4) | 500 µg aluminum hydroxide, 50 µg 3-O-deacylated-4- monophosphoryl lipid (MPLA) |

Notes: Gardasil® (Merck and Co., Whitehouse Station, NJ USA). Cervarix® (GlaxoSmithKline plc, London, UK).

- NEUROLOGIC

- linked to the histopathology of **Alzheimer disease**.
 - Alzheimer disease : illness with **deterioration of mental functions** related to memory, judgment and abstract thinking, plus personality/behavior changes.
 - The distinctive pathohistological features : **neurofibrillary tangles**, **senile plaques** and **amyloid deposits**. According to some sources, **aluminum** is linked to these senile plaques and amyloid deposits.
 - **Increased concentrations of aluminum** have been found in the brain tissue of patients with Alzheimer disease.
 - It is still unclear whether aluminum is involved etiologically in this disease or exists merely as a marker of some other pathophysiologic process.
- Occupational exposure to aluminum has been associated with cognitive deficits and delayed reaction times

Fooling the public for profit

- **Gardasil clinical trials had not used an actual placebo, but a solution that contained all the vaccine ingredients (including adjuvant) except for those related to the virus. So they didn't comply with the "double blind placebo controlled" standard of clinical trials, which assumes that one part of the studied population receives the drug or vaccine and the other receives a safe placebo, and neither the participants nor the doctors know who belongs to which group. Supplying the entire population with ingredients that can cause reactions or allergies (such as aluminum) can only be aimed at ensuring that the effects are similar in both groups. In other words, the real adverse effects are masked as there is no other population to compare with.**

Systematic Reviews

- Serious harms were incompletely reported for 72% of the participants (68,610/95,670; see Table 1 and Additional file 2).
- In the cluster-randomised trial, HPV-040, 88% (28,473 of 32,176) of the participants were not included for serious harms reporting (see Table 1 and Additional file 2)

Conclusion

Limited access to clinical study reports and trial data with case report forms prevented a thorough assessment.

- At 4 years follow-up, the HPV vaccines decreased HPV-related precursors to cervical cancer and treatment procedures but increased serious nervous system disorders (exploratory analysis) and general harms

Manufactured to kill

The Cochrane HPV vaccine review was incomplete and ignored important evidence of bias

<http://orcid.org/0000-0002-9737-0555>

1.Lars Jørgensen1,

2.Peter C Gøtzsche1,

3.Tom Jefferson

Hidden Toxicity of Human Papillomavirus Vaccine Ingredients

Arthur E Brawer, MD ^{*} Pub Med Date: August 07, 2019

- The controversy surrounding HPV vaccine-induced illness is no longer one of methodology, it is one of terminology. HPV vaccine-induced illness is a genuinely novel and legitimate entity unto itself that shares clinical features with the ever-expanding list of neurologic fatiguing syndromes. This illness is undoubtedly caused by multiple toxic disturbances of the body's biochemistry induced by emulsifiers, surfactants, and immune-stimulatory complexes. HPV vaccine-induced illness is not a psychogenic reaction fueled by the news media and attorneys, nor is it one of primary autoimmune reactivity. It is no longer appropriate to make the statement "if you don't have 'A' (something in the textbook), then you don't have 'B' (something new), i.e. you have nothing". In a recent publication by Ikeda and colleagues, new patients with HPV vaccine related ailments have not appeared after the Japanese Ministry of Public Health withdrew its vaccine recommendation more than four years ago. HPV vaccine-induced illness exemplifies the fact that the complexity of nature far transcends man's ingenuity.

- Lyons et al. (2018) – [Biased Cochrane Report Ignores Flaws in HPV Vaccine Studies, and Studies of HPV Type Replacement](#)
- Tatang et al. (2022) – [Human Papillomavirus Vaccination and Premature Ovarian Failure: A Disproportionality Analysis Using the Vaccine Adverse Event Reporting System](#)
- Petersen et al. (2021) – [Was amorphous aluminum hydroxyphosphate sulfate adequately evaluated before authorization in Europe?](#)

- **In Spain, the 2018 report from the Agency for Medicines and Health Products counted 1,283 cases of adverse reactions to the HPV vaccine, of which 43% were serious reactions.**

Dr Amar Jesani(Consultant (Researcher/Teacher); Bioethics & Public Health regulator

Indian Journal of Medical Ethics Vol VII No 1 January - March 2010

DEBATE

Concerns around the human papilloma virus (HPV) vaccine

To
Shri Ghulam Nabi Azad
Union Minister for Health and Family Welfare
Ministry of Health and Family Welfare
Nirman Bhavan, Maulana Azad Road,
New Delhi 110 011
October 1, 2009

Subject: Concerns around the Human Papilloma Virus (HPV) vaccine.

Sir,

We, the undersigned, public health organisations, health networks, medical professionals and women's groups, write to express our concern with regard to the introduction of the human papilloma virus (HPV) vaccine, Gardasil, to young girls in the country.

On July 9, 2009 under the demonstration project being implemented by the union ministry of health and family welfare in association with the Indian Council of Medical Research (ICMR), PATH International and the state government, the Andhra Pradesh minister for health and family welfare launched a pilot programme for vaccination against cervical cancer. The three doses of the HPV vaccine are to be administered to 16,000 girls between 10 and 14 years in the mandals of Bhadrachalam, Kothagudem and Thirumalayapalem in Khammam district in Andhra Pradesh (1). The vaccine will be administered in three doses at the interval of 0, 2 and 6 months.

Similarly, on August 13, 2009, the Gujarat government launched a two-year 'Demonstration Project for Cancer of the Cervix Vaccine' in three blocks of Vadodara District – Dabhoi, Kawant and Shinor – to immunise 16,000 girls between 10 and 14 years with three doses of Gardasil. The Gujarat state minister for health and family welfare claimed that this demonstration project would help the Centre to examine the possibility of introducing the vaccination project across the country (2).

We are alarmed by this decision by state and union governments and we oppose the introduction of the vaccine on the following grounds:

Efficacy of the vaccine

- Information about the efficacy of Gardasil remains uncertain. The current HPV vaccine prevents infections, resulting from just two of the HPV subtypes (16 and 18) that may cause cervical cancer, and also HPV subtypes 6 and 11 that can lead to genital warts. The subtypes 16 and 18 account for 70% of the cases of invasive cervical cancer globally (3).

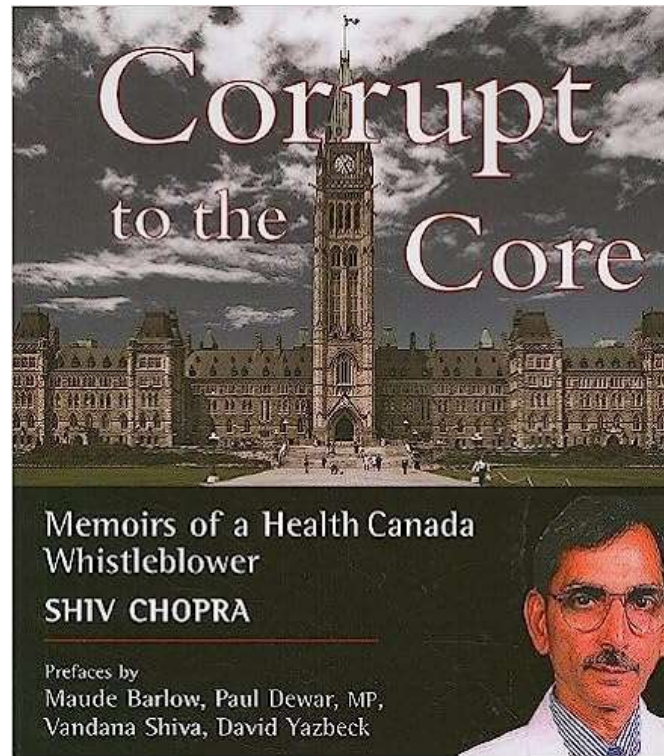
But there are over 100 HPV subtypes and one of the main concerns is that if the vaccine was to work and indeed "block" subtypes 16 and 18 then the other carcinogenic subtypes may become dominant.

- There is lack of conclusive data regarding the length of immunologic protection that the vaccine confers against HPV subtypes 16 and 18 (4). Studies so far have followed up with the vaccinated "subjects" for five years and have shown that it offers protection only for five years. Thus it is not clear whether protection lasts longer than this time period. Since the long-term efficacy of and protection by the vaccine is unknown we cannot claim that even 60-70% protection will be achieved. Moreover, since the highest incidence of cancer of the cervix in India is in women above 35 years of age, it is not clear whether a three-dose schedule will provide long lasting immunity or if boosters will be required.
- If booster doses are needed, and it is not known how frequently, what will be the impact of the booster doses on the safety of the vaccine? Moreover, booster doses would certainly increase the cost of vaccination per woman as many times as the booster would be given.
- HPV vaccination is not a substitute for cervical cancer screening. All women, including those who are vaccinated, should continue to have regular Pap test screening and also HPV test as the preventive effect of the vaccine on cervical cancer has not yet been demonstrated.
- HPV infection rarely leads to progression to cancer. Only a minority of infections persist for several years, and only about 10 per cent of low-grade lesions progress to a higher grade. About five per cent of high-grade lesions progress to invasive cancer (5).

Side-effects

1. The Federal Vaccine Adverse Event Reporting System (VAERS) in the United States has logged a total of 12,424 adverse events following HPV vaccination, according to the US Centers for Disease Control and Prevention. Between June 2006 through December 2008, more than 23 million doses were administered in the US alone. Of these, 772 were reports of serious events (6.2% of the reports) including 32 deaths and the remaining 11652 (93.2% were classified as non-serious. The most common events reported were, syncope, local reactions at the site of immunisation (pain and redness), dizziness, nausea and headache(6). Venous thromboembolic events, autoimmune disorders, Guillian Barre Syndrome, motor neuron disease, anaphylaxis, transverse myelitis, pancreatitis and death were amongst the serious adverse events reported. Amongst reports of

The Vaccine industry is itself fraud. I have spent my whole life studying it



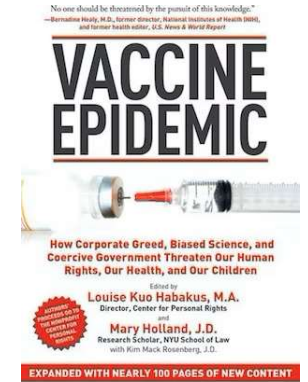
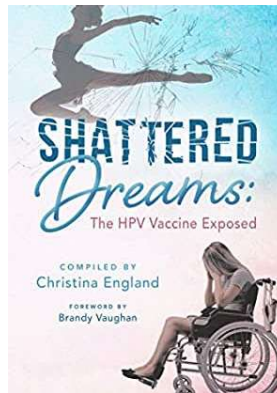
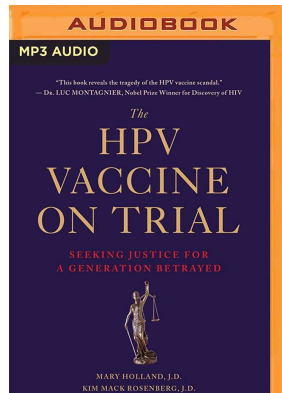
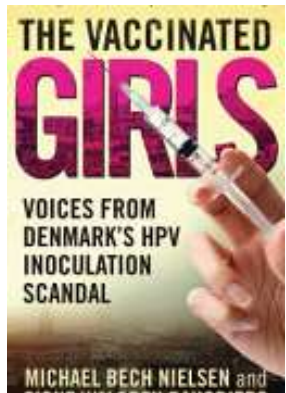
The problem has united victims from all over the world.

- Sanevax, the UK Association of HPV Vaccine Injured Daughters (AHVID),
- the Danish Association of HPV Vaccine Victims
- the Spanish Association of people affected by HPV vaccine (AAVP).
- the Association Reconstructing Hope,
- the Association of victims of the HPV vaccine in Colombia
- REGRET, Reactions and Effects of Gardasil with Extreme Harm, the Association in Ireland

- National Network of Victims of the Cervical Cancer Vaccine in Japan,
- the National Association of Plaintiffs for HPV Vaccine Litigation in Japan,
- SAMA in India
- Jan Morcha in India

-
- Chairwoman of AAVP, Alicia Capilla, said: "Incomprehensibly, health authorities do not want to link these reactions to the HPV vaccines, leaving the victims in a situation of abandonment. We are not an antivaccine group, as some people want to label us. If we were, we would never have vaccinated."





- Manufactured Crisis: What they're not telling you about the HPV Vaccine' (<http://bit.ly/manufacturedcrisis>)

This is not
normal

ONE CHILD HUNDREDS OF VACCINES THIS IS NOT NORMAL

