

Universal Health Organisation (UHO)



Dt. 12-04-2023

To,

Shri Mansukh Mandaviya,

The Union Health Minister of India,

Sub: Request not to Roll out HPV vaccine under National Immunisation Programme.

Dear Sir,

We the Doctors and concerned citizens at Universal Health Organization have been keeping a close watch at the Cervical Cancer Epidemiology, Causative aspects and The Vaccine Effectiveness for quite some time.

Four Important Things that have emerged in the scientific discussions are:

1. Preventive Role of HPV vaccine was never fully established and recent analysis of Trials seriously questions it.
2. Awareness programs for risk factors and Screening programs associated with improved life conditions and general awareness for hygiene have conclusively proved to be effective in reducing incidence of and mortality from cervical cancer, even without the HPV vaccine.
3. HPV vaccine has shown high incidence of Adverse Events Following Inoculation in many countries, with Japan having to withdraw the active promotion of vaccine following a court case. (1)
4. Cervical Carcinoma is a disease where a virus can affect only when other factors, highly dependent on socioeconomic and health infrastructure of a country are present.

Examining the preventive Role, "The analysis, carried out by researchers at Newcastle University and Queen Mary University of London, revealed many methodological problems in the design of the Phase 2 and 3 efficacy trials, leading to uncertainty regarding understanding the effectiveness of HPV vaccination.

Lead researcher Dr Claire Rees, of Queen Mary University of London, said: "Trials may have overestimated efficacy by combining high-grade cervical disease with low-grade cervical changes that occur more frequently but often resolve spontaneously without progressing. We found insufficient data to clearly conclude that HPV vaccine prevents the higher-grade abnormal cell changes that can eventually develop into cervical cancer." "(2)

Supporting HPV vaccines' effectiveness against cervical cancer is difficult due to the long period between initial infection and cancer development. (3)

The effect of improved life conditions and Hygiene has been proved for our own country.

"This study concludes that the overall incidence and mortality of cervical cancer showed a significant decreasing trend in India between 1990 and 2019, the highest decline in the incidence and mortality rates were reported in the period 1998-2005. (4)

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And the overall burden of the disease on the country is, “In India, the age-standardized incidence rate is 14.7 per 100,000 women, and the age-standardized mortality rate is 9.2 per 100,000 women [3].” (0.0147% and 0.0092%) (4)

“In summary, .consistent circumstantial evidences were obtained that the organised screening programme brought about a 40% reduction in annual CC incidence after 10 years.” (5)

Adverse Events Following HPV vaccines are documented in other countries.

“Cervavac by SII is same Tetravalent Vaccine as Gardasil. “New research has claimed that Gardasil can possibly induce and increase, in some cases, the risk of autoimmune [diseases](#) and other serious health complications, [including](#) Postural Orthostatic Tachycardia Syndrome, Neuropathy, and Fibromyalgia. Gardasil has also allegedly been linked to premature ovarian failure and [infertility](#). However, the US CDC (Centers for Disease Control and Prevention) says on its website that “there is no relationship between Gardasil and autoimmune disorders”. The US NIH’s National Library of Medicine echoes the CDC’s view on the subject.

It is [alleged](#) that Merck could have obtained FDA approval for Gardasil in 2006 based on deceptive research and clinical trials, which seemingly misrepresented the efficacy of the vaccine while concealing its adverse effects. According to [reports](#), some marketing campaigns for the HPV vaccine appear to have led to millions of parents opting to vaccinate their pre-teen daughters. These concerns eventually snowballed into the Gardasil Class Action [Lawsuit](#) in the US.” (6)

“I predict that Gardasil will become the greatest medical scandal of all times because at some point in time, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers.”

– Dr. Bernard Dalbergue, former Merck physician. (7)

US HPV Vaccine Adverse Events

On Aug. 19, 2009, the [Journal of the American Medical Association \(JAMA\) published an article](#) authored by scientists from the FDA and CDC that reviewed the safety data for Gardasil for adverse events reported to the [VAERS](#) between June 2006 through December 2008.

During that time, there were 12,424 reports of adverse events. Of these, 772 (6.2 percent) were serious.

[The Gardasil package insert](#) includes a warning about fainting, fever, dizziness, nausea, and headaches (page 1) and notes at least the following adverse reactions reported during postmarketing surveillance (section 6.2): Guillain-Barré syndrome, transverse myelitis, motor neuron disease, venous thromboembolic events, pancreatitis, and autoimmune disorders.

Australia HPV Vaccines Adverse Events

In 2007, Australia reported an annual adverse drug reaction rate of 7.3/100,000, the highest since 2003, representing an [85 percent increase from 2006](#).

In Us despite vaccination reaching 80%, “The overall incidence of advanced cervical cancer increased 1.3% each year from 2001 to 2018.” (8)

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Other epidemiological risk factors, well established in India are early age at marriage, multiple sexual partners, multiple pregnancies, poor genital hygiene, malnutrition, use of oral contraceptives, and lack of awareness.

In Maharashtra, high-risk HPV was associated with increasing age, low education level, manual work, early age at first sexual intercourse, and widowhood/separation. (9)

Working more on these factors with focussed screening programs is advisable for our country.

Mass vaccination without strong evidence of efficacy is not cheaper than cure. Everyone is coerced to take the vaccine while treatment is offered to a miniscule of the population who fall sick. Countries may spend a huge amount of taxpayer money on vaccines for all where only a minority may be at risk.

Introducing the HPV vaccine in India's Universal Immunization Program without resolving the above uncertainties would be premature and make it difficult to resolve these issues by eliminating the control group so very essential in evidence-based medicine.

We demand a transparent countrywide discussion, on Doordarshan and All India Radio for people to see and listen both sides, to be held before any decision to introduce HPV vaccine in National Immunization Program is taken.

We would like to meet you personally with more data and facts in support of our suggestion for not having HPV vaccine NIP. (10)

With Best Regards,

Universal Health Organization Team

References:

- (1) <https://ijme.in/articles/lessons-learnt-in-japan-from-adverse-reactions-to-the-hpv-vaccine-a-medical-ethics-perspective/?galley=html>
- (2) <https://www.rsm.ac.uk/media-releases/2020/doubts-raised-about-effectiveness-of-hpv-vaccines/>
- (3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6811952/>
- (4) [Secular trends in incidence and mortality of cervical cancer in India and its states, 1990-2019: data from the Global Burden of Disease 2019 Study - PMC \(nih.gov\)](#)
- (5) [Estimating the impact of an organised screening programme on cervical cancer incidence: A 26-year study from northern Italy - PubMed \(nih.gov\)](#)
- (6) <https://empirediaries.com/2023/01/26/hpv-vaccines-in-india/>
- (7) <https://childrenshealthdefense.org/community-forum/2023-ca-ab659/>

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- (8) https://www.medscape.com/viewarticle/980253?src=mkm_ret_221207_mscpmrk_Gyno_monthly&uac=116656PT&impID=4929048
- (9) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4404964/>
- (10) <https://uho.org.in/files/hpv-vaccine-lets-debate.pdf>