

## Truth of HPV Vaccine.

We will try to understand the issue under 3 parts.

1. Propaganda for HPV vaccine vs Facts of Cervical Cancer.
2. Details of Vaccine
3. How to Deal.

So, I will start with the propaganda for magnifying the risk of cervical cancer. Just imagine the problem was so insignificant or unknown that one health journalist in a prominent newspaper had given picture of cervical bones in the article of HPV vaccine before 2 years.

Just in short, cervical cancer is the cancer of the lowest part of uterus from where the menstrual blood comes out and when the baby comes out of womb, that small aperture becomes 10 cms wide.

Now the propaganda says that every year around 70000 women die of CC in India and that is 20% of the world burden of Cervical Cancer. But they forget that 40% of poor people of the world stay in India. Why I brought poverty first because majority of the causes of cervical cancer are closely related to poverty. 2500 children in India are dying daily because of malnourishment related causes, why not crores of rupees and fixed targets to solve it?

Now, IHR has a specific clause of misinformation. According to me that punishment if any under that clause should be first given to the writer of the current HPV vaccine trial paper. What they write is, "HPV is a major cause of cervical cancer, with 12 HPV types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, and 59) identified as oncogenic."

Whereas as per all scientific studies, HPV is found necessary but not sufficient cause for cervical cancer. All the other important associated factors when present, then only the virus can act. But, here also just because they found HPV in majority of cervical cancer tissue, can we not ask that it is because of the other factors that cancerous changes took place and HPV thrived in this abnormal tissue?

And still depending upon different locations, 5 to up to 17% of the CC were found not associated with HPV. And 7.5 to 16.9% of healthy women without cancer do carry HPV. 95% of the time, infection, even with cytological abnormalities gets resolved spontaneously, without any treatment and antibodies for future protection are formed in them.

So where is the need for 100 % of girls to get the vaccinated?

Now, what are these factors that actually found for cancer to develop? Large number of child bearing, malnutrition, not maintaining hygiene of genital parts, multiple sexual partners without any precaution, smoking, oral contraceptive pills. A Maharashtra study found even widowhood association.

We can see that majority of these factors are associated with poverty. Prostitution is also forced or need based found in poor girls only.

When they say 2<sup>nd</sup> most common cancer in women, the first breast cancer is 35% of all cancers and CC is 8 to 9 %. But today they have produced this vax and want this to be trumpeted.

When they tell us these big numbers, they don't tell that for the last 30 years CC is decreasing by 1.8% every year. The maximum decline occurred in India between 1998 to 2005, when no vaccine was found even in the whole world. ( WHO recognised HPV as cause in 1996). This is because of improved socioeconomic conditions, hygiene and lesser number of children, etc.

A first-of-its-kind community-based [survey](#) on usage and awareness about the vaccine in Delhi and Rohtak in 2022 showed that only 0.6 percent of 1,020 women who participated in the exercise had availed it. So, incidence is decreasing without vaccine.

In many countries screening alone has decreased the incidence drastically. But screening has its own disadvantages of overdiagnosis. Because CN1, CN2, initial cellular changes which most of the time resolve spontaneously might raise false alarm.

In India without that vigorous screening, it has decreased and in Bangladesh with lesser screening than India, incidence is lower because malnutrition is less than India.

We have 14.7 per 1,00,000 incidence and 9.2 per 1,00,000 women that comes to 0.0147% and 0.0092% at the age of 55 to 59 years of age.

For such preventable by simpler means disease with known preventable factors and prevalence not high enough, let us see what kind of vaccine they want to give to all 100% of young girls.

This vaccine claims to stop infection of only 4 types of HPV out of 150+ types of this virus. Lay persons call it anti-cancer vaccine which is not true. Cancers found without HPV or by other strains are not prevented.

Researchers in New Castle University and Queen Mary University, London conducted a critical [appraisal](#) of published Phase 2 and 3 efficacy trials in

relation to the prevention of cervical cancer in women. Their analysis shows the trials themselves generated significant uncertainties undermining claims of efficacy in these data.

“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.”

Previously 6 years trials used to be there but now only 6 to 7 months trials are done. Even 6 years trials are insufficient as the age of cancer is much later. But now, with WHO permitting just no infection for 6 months and antibodies develop, means vaccine is approved. When 4 strains are suppressed by this vaccine other strains start growing, this is shown in Cervarix trial. (type 51 and 58 increased)

Normal screening is done at 36 months but during trials they do at 6 months so before it gets resolved on its own, they would label it CC.

Forget CC, it is questioned whether it prevents even the infection.

Premature Ovarian Failure is found to increase significantly with these vaccines in a [Large-scale](#) adverse event spontaneous reporting system. Aluminium is supposed to be the cause and almost all including the one introduced in our country has aluminium in it.

Now this will cause infertility and their literature says that they don't have any data on this side-effect! Who will be responsible for these crores of girls who themselves and their parents don't even know of this. Literature of Cervavac says they do not have any data on this.

Lactation also they don't know if antigen or antibody is secreted in milk but still, they write that it can be given. Who will be responsible?

Now listen they did not use saline water as placebo in Cervavac trial and just because 1% serious side effects in other vaccines and the same in Cervavac, they call it no increased serious side-effects! For us incidence of 14 in 1lac at 55 to 59 years, a serious side-effect at 9 to 15 years is not acceptable.

Paralysis, blindness, autoimmune disorders and even death are reported side-effects in HPV vaccines, however rare they are, for most girls awareness about risk factors and elimination is just enough.

A [paper](#) from Sweden had reported to increased cervical cancer in those who are vaccinated, the author so scared of the vaccine lobby, that he even hid the identity. But the editors made the article available even after retraction because the study was perfect.

Now that brings us to the point as to how to deal with this problem. Let us be very clear that this is not a question of one vaccine. Pneumonia vaccine which can prevent 4 out of 100 cases is also increasing every year in government program.

I have done some calculation. On 2nd September Mr Adar Punawala declared that HPV vax will come in govt program. On 14<sup>th</sup> September 1<sup>st</sup> analysis appeared on Universal Health Organisation website. We all started speaking against it but on January 2023 without much publicity central health ministry gave orders to 7 states to start vaccinating girls and then to other states and plan was made to vaccinate 6.8 crore girls by 2025. The work is going on and 1.12 crores then every year.

Each dose costs 2000/-. 2 doses to everyone. At this rate, 27200 crores by 2025 will go SII, and then 8480 crores every year.

Pneumonia vaccine cost is 5000/- per dose and 3 doses per child. Even with decreasing total health budgets more and more [states](#) are included every year for pneumonia vaccine.

Pneumococcal Conjugate Vaccine (PCV): PCV has been launched in May 2017 for reducing Infant mortality and morbidity caused by pneumococcal pneumonia. It has been introduced in Bihar, Himachal Pradesh, Madhya Pradesh, 19 districts of Uttar Pradesh and 18 districts of Rajasthan.5 days ago

The multi-centre phase3 efficacy and safety clinical trial on ROTAVAC® was India's first and largest efficacy clinical trial on vaccines. It was successfully completed in September 2013 after a 2-year follow up of the infants.

<https://www.bharatbiotech.com/rotavac.html#:~:text=The%20multi%2Dcentre%20phase3%20efficacy, follow%20up%20of%20the%20infants> .

Rota virus costs 850/-, produced by Bharat-Biotech and given across 11 states will be expanded to all states. Program started in 2016, a lot of doubts about Trials were raised, even after PMO asked for the [company](#) did not give trial results, though the GoI had funded the Trials.

According to an article published in newspaper *DNA* by Supreme Court lawyer Neha Rathi, the Ministry of Health and Family Welfare has told the Delhi High Court that “site specific data on safety is inappropriate for release as per

protocol and its inappropriate interpretation or publication would lead to disinformation about the product (that has been) developed by government with great effort and expense, and will give unfair advantage to multinational products which were never tested in India, (and) yet (were) licenced.” In other words, the safety data is not being disclosed to enable the vaccine to be sold and the costs incurred in the trial to be recovered.

We know 35000 crores were spent for Covid vaccine. So, these private pharma companies are earning from our money collected by the government, for causing harm to our health. With more money, they capture more power to control all institutions and propaganda.

On one hand, even if we try with all our energy to educate people, we can stop only a miniscule of the total and if the government brings mandates, most people take it out of helplessness. Even if as has happened, vax is destroyed and fake reports are prepared, our money goes.

That does not mean we stop efforts. We have been doing awareness campaigns. But, along with that to get the system back from these profiteers we have to run a parallel fight. We have to first start with establishing our right on all public health facilities. Our control on policy making will start from the place where the policies are implemented and not only during crisis but on regular basis.

Slowly it will be clear that as in all other sectors, it is the private sector that sabotages and destroys the public sector and then for their profit they destroy the life on earth. We cannot allow them to play with our life. To have control in our hands, ownership and management of this vital sector has to be with people and healthcare professionals by participatory democracy.

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