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HPV VACCINE FACTS

The HPV Vaccine: Risks vs. Rewards

Billed as a way to prevent cervical cancer—not to mention widespread STDs—the controversial shot could also help curb oral cancer. But is getting it a good idea?

BY MAURA RHODES

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The equation sounds straightforward enough: three quick pricks over the course of six months equals immunity from the human papillomavirus (HPV), which, in turn, equals protection from cervical cancer, the third most common women's cancer.

If only the math were that simple.

In fact, Gardasil, the HPV vaccine that scored FDA approval four years ago for girls ages 9 to 26, and

Cervarix, which recently hit the market for those ages 10 to 25, have created so much controversy that many women don't know whether to roll up their sleeves or run for the hills when their docs offer to stick 'em. Here are the hard facts, so you can make up your own mind. (Whatever you decide, though, it's still crucial to always visit your M.D. for regular Pap Smear screenings.)

More than 100 strains of HPV exist, and 30 of them are associated with below-the-belt cancer. Gardasil and Cervarix target two types—numbers 16 and 18—that are thought to be major root causes of cervical cancer, says vaccine developer Diane M. Harper, M.D. Indeed, research shows the shots provide complete protection from both 16 and 18, and Cervarix offers extra protection against three other cancer-related versions. There also may be hope for women already diagnosed with precancerous cells: A new therapeutic vaccine that would zap those—in lieu of any surgery—is in clinical trials and could be available in five years.

HPV often triggers an abnormal Pap test result, so being vaccinated can lower your chances of suffering through a post-screening scare by up to 20 percent. And that's a huge plus, says Marjorie Greenfield, M.D., a professor of obstetrics and gynecology at Case Western Reserve University School of

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Medicine. "So many patients who have abnormal Paps then go through noxious, uncomfortable, and scary diagnostic procedures," she explains. These can involve the removal of cervical tissue, which can later affect a woman's ability to carry a baby to term. People with sketchy Pap results also have to deal with the anxiety of learning they might have an STD, adds Greenfield.

The vaccination could be beneficial even if you've already been infected with HPV. Here's the logic: Because women aren't tested for specific types of the virus, an HPV-positive test result doesn't necessarily mean you have the 16 or 18 types. So a post-diagnosis shot could still help ward off those versions. This is the reasoning that led Lena Chen, a freelance writer in Boston, to opt for Gardasil while at Harvard University, even though she'd had a previous HPV scare. "I thought it was a good investment in my future health," she says. "I wish I'd done it sooner."

But how much immunity-boosting staying power the vaccines have is (almost) a shot in the dark. Early research shows Gardasil and Cervarix are both effective for up to five years (the latter after just one dose). But slow-growing cervical cancer takes ages to develop, so a vaccine would need to be 100 percent effective for at least 15 years to truly prevent a tumor. In the absence of long-term studies, scientists can't say whether women who've received the shots will need to be poked again later. If a second round is warranted, remembering to re-up could be a problem for some, while cost could be an issue for others. (Some plans cover both Gardasil and Cervarix, but if you're not insured, the \$300-plus price tag might be a sticking point.)

Cervical cancer is preventable without the vaccine. Because it takes so long for HPV to develop into full-blown cancer, there's plenty of time to head it off it with regular Pap tests. According to the American Cancer Society, the five-year survival rate for cervical cancer that's caught early is about 92 percent; when precancerous lesions are removed, a complete cure becomes a sure thing. What's most important, says Harper, is always being vigilant about your checkups, shot or no shot. "No one who's had the vaccine should feel as if she's totally protected," she explains. "Less common HPVs—ones that are not targeted by the vaccine—can also cause cancer. Being vaccinated just means you've taken more steps toward prevention."

There may be side effects. Serious ones. Many Gardasil recipients experience normal vaccine aftermath like redness, soreness, and fainting. ("Any vaccine is associated with fainting," says Michael Lamacchia, M.D., an infectious disease specialist at St. Joseph's Children's Hospital in Paterson, New Jersey. As such, many docs want patients to stay in the office and rest for 15 to 20 minutes after a Gardasil shot.)

But thousands of women have also reported more worrisome issues, including crippling fatigue, paralysis, blindness, or autoimmune complications, and some have even died, according to CDC and FDA data. "I was 19 when I got the first shot, but my arm hurt so badly for the next three months that I didn't go back for the second," says a 21-year-old who asked not to be identified. "Even now my arm is considerably weak, and I have vertigo and other health problems. I used to run almost four miles a day. Now I spend a lot of time seeing doctors."

While researchers aren't certain that grievances like these stem from direct Gardasil side effects (Cervarix hasn't been around long enough to amass complaints), "it's critical to note that more than 70 healthy young girls have died from a neurological reaction that occurred soon after getting Gardasil," says Harper. (The FDA is not required to act in response to any side effect that occurs in fewer than one in 10,000 people.) So if you're really concerned, she says, "you can avoid the risks by opting for a lifetime of Pap smear screening rather than vaccination."

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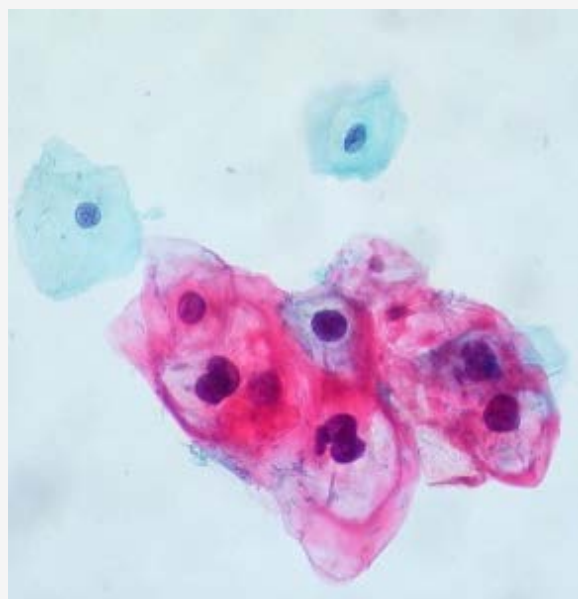
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HPV Vaccine Risks vs. Benefits: Is It Worth It?

 OCTOBER 30, 2012 BY [JANELLE VAESA](#)  [7 COMMENTS](#)

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A group of infected HPV cells on the bottom right with healthy cells on the top left. Photo by Ed Uthman

The HPV vaccine is controversial – do the risks outweigh the potential benefits? A new study concludes that you’re better off without HPV vaccination.

About HPV

Genital human papillomavirus, also known as HPV, is the most common sexually transmitted disease, according to the Centers for Disease Control and Prevention (CDC). There are more than 40 different types of HPV that can infect the genital area. Most HPV infections have no symptoms (asymptomatic). Some can cause cervical cancer, like HPV types 16 and 18. HPV types 16 and 18 are also associated with other types of cancers in men and women (penile, vulvar, vaginal, and anal cancers). Low –risk HPV types 6 and 11 are the cause of genital warts and respiratory papillomatosis (a disease where tumors continue to grow in the respiratory tract despite treatment).

HPV Vaccine Not Necessary?

There are two HPV vaccines. The first vaccine (known as Cervarix) targets HPV types 16 and 18. The second vaccine (known as Gardasil) targets HPV types 6, 11, 16, and 18. Physicians are recommending that females and males (ages to 26) get the Gardasil vaccine in order to prevent HPV infection. However, a recent study published in the *Current Pharmaceutical Design Journal* examined the effectiveness and safety of the HPV vaccine and concluded that there is a better option than the vaccine.

HPV Vaccine Worth The Risks?

The study entitled, “*Human Papillomavirus (HPV) Vaccines as an Option for Preventing Cervical Malignancies: (How) Effective and Safe?*” reviewed trials to find out if the vaccine was effective and safe. Researchers found that the HPV

clinical trial design and the data interpretation (of safety and effectiveness) were inadequate. Through their research they also found that the clinical trials data has demonstrated that the vaccines have not prevented a single case of cervical cancer. Researchers also suggest that the safety of the vaccine is based on a flawed design of safety trials, and conclude that instead of relying on a vaccine; that cervical screenings should be used since they are less risky and can actually detect cervical cancer.

HPV Research: Interview

Decoded Science contacted Lucija Tomljenovic, PhD from the University of British Columbia about her research, and asked her what she would tell parents of young men and women who are considering getting the HPV vaccine. She says,

"It can be difficult to get accurate information solely from health agencies or the pharmaceutical company. The main reason for this is that health authorities exclusively rely on the information provided by the drug manufacturer for giving recommendation to the public. This practice is disturbing to say the least, especially in the light of independent research which has repeatedly warned that drug companies may manipulate clinical trial designs and subsequent data analysis and reporting to make their drugs look better and safer. The reporting of results from clinical trials on HPV vaccines Gardasil and Cervarix illustrates this point."

[Click to Read Page Two: HPV Has Not Prevented a Single Case of Cancer?](#)

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- *SJ*
Interesting, but it would be good to know exactly HOW the trial designs and interpretation were faulty.
- *joe*
Please stop spreading pseudoscientific nonsense. You quote a post-doctoral PhD fellow as though she's a leading authority in the field. The role of HPV in cervical cancer is unequivocal as is the ability of appropriate vaccination to prevent HPV infection. Your nonsense is putting a great many girls at risk of a serious disease. Incidences of disease once under control like whooping cough are now epidemic due to parents who listen to anti-vaccine pseudoscience. Please stop putting children at risk.
- *She'll ell*
Joe,
Please let people speak their mind. This is a free country after all. They have some merit to their title even if they are not the end all of decision making. I for one appreciate the pros and cons of it all. I am in the midst of making the vaccine decision my self and have not exactly made up my mind.
One point of view is that although it MIGHT prevent cervical cancer, there are risks and it sounds like the studies weren't completely forthcoming making it hard to make a proper decision. On the con side...I have to ask myself whether it is worth THE RISK of possible neurological damage IF it were to occur, or even POSSIBLE death. I could be completely fine and wipe my forehead in relief and call it a day, but what if it's not, Not to be PARANOID, what

IF I did that to myself? Does the risk outway the POSSIBLE consequences? That is what I and all of you have to decide for YOURSELF.

On the flip side, if you are sexually active, have a history in your family, or want to take that risk, by all means do so, and I will stand behind your decision. The important thing is you do your own research and make a choice that is not pushed on you by a doctor, a nurse, government, or anyone else, including even family. I wish you all good health and good decisions right for your body.

- *T*
Its interesting how anyone who talks about the benefits of HPV can't handle there is a down side. People are having adverse reactions to to various vaccines and having to live "damaged". No not everyone, but the last I checked, a lif is valuable. Thousands are people are hurting, just by doing what the government and medical community are mandating and advising they do. It just isnt fair.
How would you feel if you did everything right, take your child to the doctor healthy and within hours, days or months...bam their sick, disabled or worse dead. Is there really harm in asking for clinical studies and the truth? Lets not be so nieve.
- *F*
OK... I'm really scared now, because I already took it! :)
- *birthalawsonn*
i took this, am i in danger? i think i caught HIV from this!! i'm sooo scared :((((
- <http://www.facebook.com/mymoms.america> *MyMoms America*
Hell yea!! That's what I keep saying. Don't be sheep, people! Jeez. Use your brain.

ABOUT THE AUTHOR

Janelle Vaesa



Janelle Vaesa received her Master of Science degree in Public Health, with a concentration in Health Behavior, from the University of Louisville in 2008, and her Bachelor of Science in Health and Human Performance, also from ... [Read Full Profile](#)

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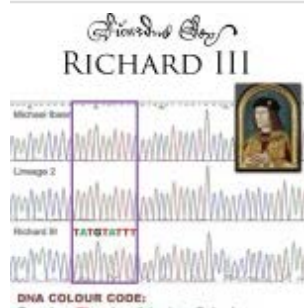
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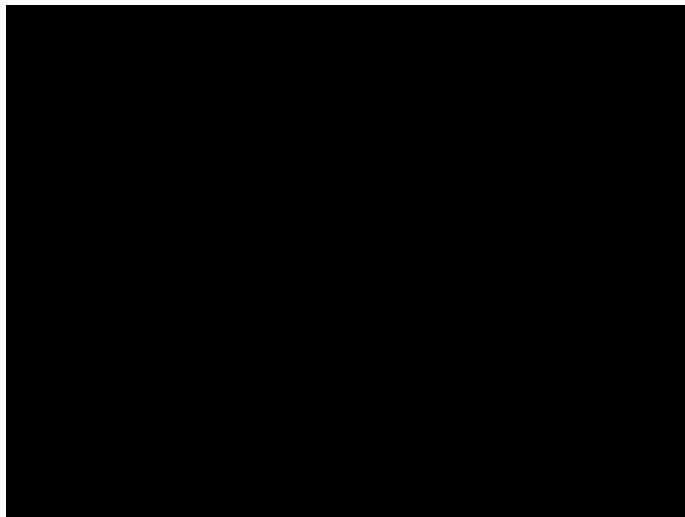
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By Dr. Mercola

Naomi Snell, a 28-year-old woman in Melbourne, Australia, is leading a class-action civil lawsuit against drug maker Merck after suffering autoimmune and neurological complications following injections with the HPV vaccine, Gardasil.

After receiving the first of three doses of the vaccine, Naomi suffered convulsions, severe back and neck pain, and lost her ability to walk.

Doctors actually diagnosed her with multiple sclerosis, which was later retracted and labeled a neurological reaction to the vaccine.

Seven other women, who say they have suffered various physical problems, including anaphylaxis and miscarriage, after receiving Gardasil may also join the civil lawsuit, and this is likely only the beginning, as Gardasil is being implicated in a growing number of serious, permanent and sometimes deadly adverse reactions.

Multiple Sclerosis-Like Symptoms and Paralysis Not Unusual After

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Story at-a-glance

- » A class-action lawsuit has been filed in Australia against drug maker Merck by a young woman who suffered autoimmune and neurological health problems following injections with the HPV vaccine, Gardasil
- » Multiple-sclerosis-like symptoms and neurological complications, including seizures, paralysis and speech problems, are being reported by increasing numbers of girls and women following Gardasil vaccination
- » Between May 2009 and September 2010, 16 deaths occurred after Gardasil vaccination, along with 789 reports of "serious" adverse reactions; 213 cases of permanent disability; and 25 cases of Guillain Barre Syndrome. Between September 1, 2010 and September 15, 2011, *yet another* 26 deaths were reported
- » There are more than 100 types of human papillomaviruses (HPVs) and Gardasil protects against only 4 types but 90 percent of women naturally clear HPV from their bodies within two years, at which point cervical cells return to normal
- » The cervical cancer death rate is very low in the United States (3 per 100,000), as this cancer is usually entirely curable when detected early enough through PAP screenings, which have reduced cervical cancer rates by 70 percent in the U.S. since PAP screens have become a routine part of women's health care

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HPV Vaccination

Unfortunately, stories like Naomi's are all too common in relation to Gardasil.

One of the vaccine injury cases featured in the [movie The Greater Good](#) is that of Gabi Swank, a 15-year-old honor student who decided to get the Gardasil vaccine after seeing a "Be One Less" Gardasil vaccine advertisement on TV.

Like so many young girls, she wasn't warned about any possible side effects when she got the shots, which are given as a series of three injections.

At the time the documentary was filmed, she had already suffered two strokes and experienced partial paralysis. She also lost part of her vision and today suffers frequent seizures. When she was in high school, many days she had to use a wheelchair to get around school due to muscle pain and chronic fatigue.

A similar reaction happened to [13-year-old Jenny Tetlock](#), who began seeing signs of trouble just one month after she was vaccinated against the HPV virus. Fifteen months later, a degenerative muscle disease left her nearly completely paralyzed.

Neurological symptoms such as these were also reported in a [study done in 2009](#) by neurologist Dr. Ian Sutton. He reported five cases of multiple sclerosis-like symptoms emerging shortly after women received the Gardasil vaccine, [noting](#):

"We report five patients who presented with multifocal or atypical demyelinating syndromes within 21 days of immunization with the quadrivalent human papilloma virus (HPV) vaccine, Gardasil. Although the target population for vaccination, young females, has an inherently high risk for MS, the temporal association with demyelinating events in these cases may be explained by the potent immuno-stimulatory properties of HPV virus-like particles which comprise the vaccine."

Further, Judicial Watch, a public interest group that investigates and prosecutes government corruption, recently issued an [update on adverse reaction reports relating to Gardasil](#).

The documents obtained from the U.S. Food and Drug Administration (FDA) under the provisions of the Freedom of Information Act (FOIA) detail 26 new deaths reported to the government following HPV vaccination between September 1, 2010 and September 15, 2011. That's 26 reported deaths of young, previously healthy, girls after Gardasil vaccination in just one year.

Other serious side effects reported during that time frame included:

Seizures	Paralysis	Blindness	Pancreatitis
Speech problems	Short term memory loss	Guillain-Barre syndrome	Ovarian cysts

Between May 2009 and September 2010, 16 deaths after Gardasil vaccination were reported. For that timeframe, there were also 789 reports of "serious" Gardasil adverse reactions, including 213 cases of permanent disability and 25 diagnosed cases of Guillain Barre Syndrome, [Judicial Watch reported](#).

Serious Vaccine Reactions, Deaths, Often Labeled "Coincidence"

While it is not clear exactly what is causing so many adverse reactions, it is known that Gardasil contains genetically engineered virus-like protein particles as well as [aluminum](#), which can affect immune function.

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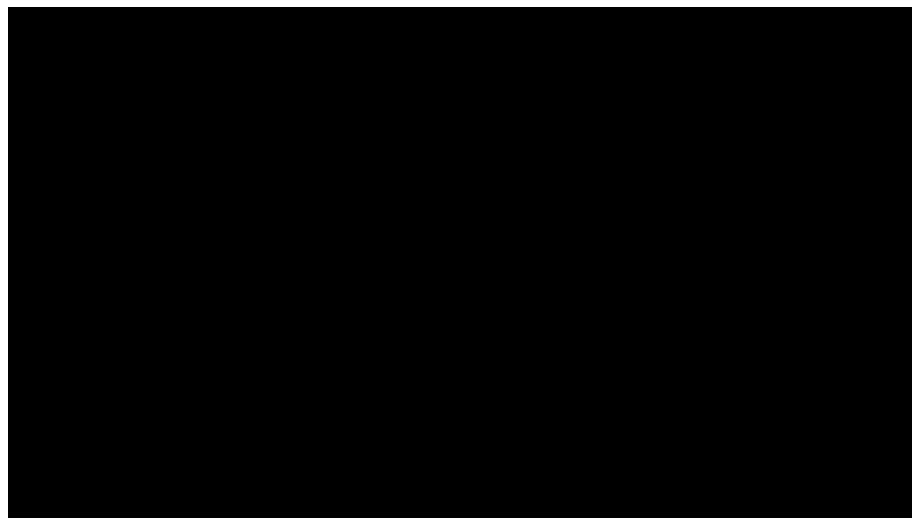
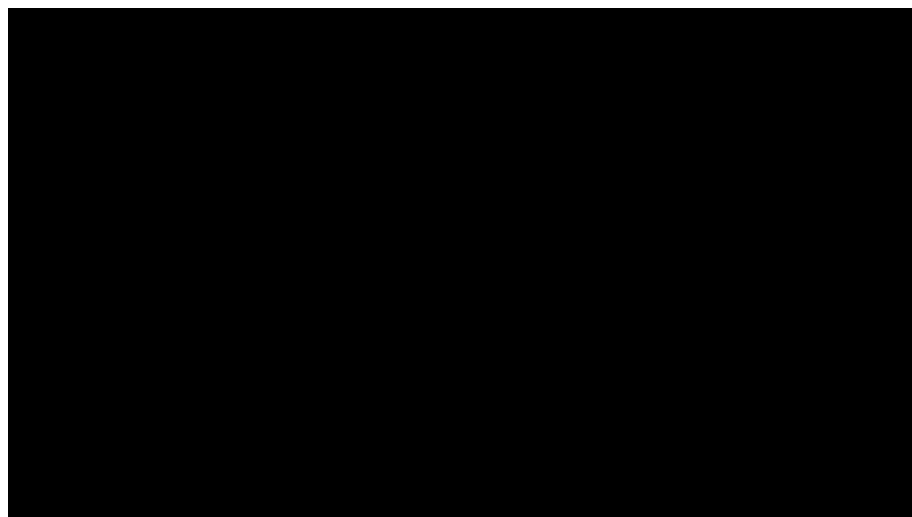
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Further, according to the vaccine manufacturer product information insert, the vaccine has not been evaluated for the potential to cause cancer or to be toxic to genes.

In fact, Merck only studied the Gardasil vaccine in fewer than 1,200 girls under 16 prior to it being released to the market under a fast-tracked road to licensure. To date, most of the serious side effects, including deaths, that occurred during the pre-licensure clinical trials and post marketing surveillance have been written off as a "coincidence" by Merck researchers and government health officials.

But on the [National Vaccine Information Center's \(NVIC\) Web site](#), you can read about Gabi Swank's Gardasil reaction and other descriptions of women and girls who have suffered serious health deterioration after Gardasil shots and, in some cases, have died shortly after receiving this vaccine. The growing Gardasil vaccine injury toll has become too large to ignore:

- Christina Tarsell, a 21-year-old college student majoring in studio arts at Bard College, who died suddenly and without explanation shortly after receiving the third Gardasil shot in June 2008.
- Megan, a 20-year-old college student who died suddenly, without explanation, about one month after receiving her third Gardasil shot. No cause of death was found.
- Ashley, a 16-year-old who became chronically ill after receiving Gardasil, and now suffers regular life-threatening episodes of seizure-like activity, difficulty breathing, back spasms, paralysis, dehydration, memory loss and tremors.



Gardasil Protects Against Just FOUR of the 100 Types of HPV Viruses

There are more than 100 types of human papillomaviruses (HPVs). Of them, about 40 types of HPV are sexually transmitted and 15 of these types are most associated with cervical cancers and genital warts in women and men. HPV infections that remain unidentified and untreated for a long time are also associated with development of vaginal, vulvar, penile, anal and oropharyngeal cancers. Some HPV infections can cause minor skin infections and common warts on your hands and feet.

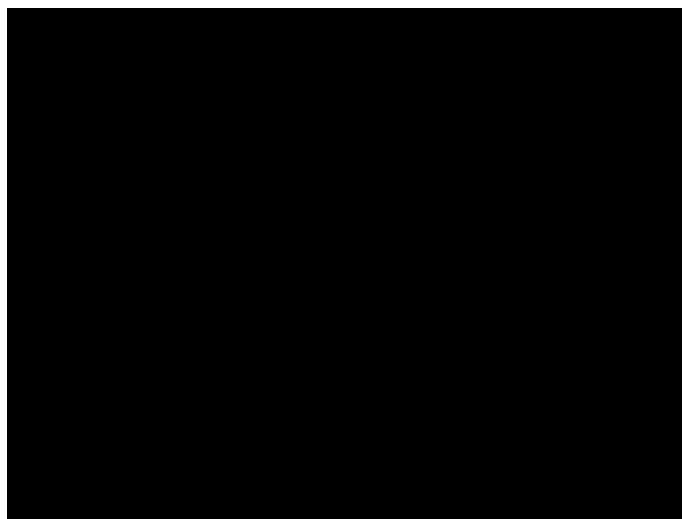
Certain types of chronic HPV infections, which are not identified or treated for a long time, can lead to cervical cancer. It is only when the HPV virus lingers for many years that abnormal cervical cells could turn into cancer. This is why PAP smears identify cervical changes and can prevent cervical cancer deaths far more effectively than the HPV vaccine ever will, because there's a sufficient amount of time to find and treat any cervical abnormalities if you're getting regular PAP smears.

It is important to know, however, that over 90 percent of women infected with HPV **clear the infection naturally within two years**, at which point cervical cells *go back to normal*.

The [death rate from cervical cancer](#) in the United States is 3 per 100,000 and it is estimated that, in 2011, about 12,000 women were diagnosed with cervical cancer and 4,000 died. In 2009, there were about 34,000 deaths from car accidents in the U.S. for a death rate of 11 per 100,000.

Women have a *much* higher risk of dying in a car accident than dying from cervical cancer!

Cervical cancer rates are [even lower in some European countries](#). The reason why the mortality rate is so low is because -- for the vast majority of healthy women living in developed countries like Europe and the U.S. -- their immune systems are usually strong enough to naturally clear HPV infection within two years. Again, this happens in more than **90 percent of all cases!**



Of course, even if you get HPV vaccine, if you contract one of the 40 or more types of HPV that are sexually transmitted and aren't included in the vaccine, you will not be protected from HPV infections. And, if you've already been exposed to one of the four types of viruses in the vaccine, it doesn't work against those either.

This means that, even if you accept the risks and get vaccinated, your chances of experiencing some form of HPV infection are still very high. Whether or not the HPV virus will lead to genital warts or cervical cancer or other kinds of health problems, however, depends in large part on the state of your immune system and, in the case of cervical cancer, is affected by whether or not you get routine PAP screenings.

Many Teens Mistakenly Think HPV Vaccine Cuts Risk for All STDs...

Unfortunately, according to [a recent study](#) nearly one in four girls who get the HPV vaccine mistakenly believes it will also reduce their risk of getting *other* sexually transmitted diseases, such as syphilis and gonorrhea. Clearly, more education is needed in this area.

The study polled close to 340 girls, average age nearly 17, after their first of three HPV doses, and their mothers. The poll was intended to determine the girls' perceived risk of getting HPV after the vaccination, their perceived risk of getting other STDs, and their perceived need for continued safer sex behaviors. While the majority of the girls correctly thought the vaccine would not protect them against STDs other than HPV, 24 percent responded they thought the vaccine would reduce their risk of other STDs. According to the authors, those with this misperception were also less likely to be informed about HPV infection and the HPV vaccine in general.

[According to the authors:](#)

"Education about HPV vaccines and encouraging communication between girls and their mothers may prevent misperceptions among these adolescents."

If You Live in California, Your Minor Daughter or Son Can Be Given Gardasil Vaccine Without Your Knowledge or Consent

In October 2011, [California Governor Jerry Brown](#) signed [bill AB499](#) that permits minor children as young as 12 years old to be vaccinated with sexually transmitted disease (STD) vaccines like Gardasil -- without parental knowledge or parental consent. This means that, if you live in California, school or medical personnel will soon be allowed to give your child Gardasil, hepatitis B vaccine and future vaccines for STD's without you ever knowing it.

At issue, of course, is whether 12-year-olds are mature enough to fully analyze the benefits versus risks of vaccination (or any medical treatment for that matter), or recognize the benefits of alternatives to STD prevention, such as abstinence or use of condoms. Meanwhile, a child could suffer a serious vaccine reaction and the parent, not knowing the child had been vaccinated, could mistake it for the flu or another less serious health problem, delaying getting the child to an emergency room until it is too late.

Of course, also at issue is whether this law violates long held legal rights for parents to be responsible for making important medical decisions for their children, especially when risk-taking is involved. If a child is injured from complications of a medical procedure or use of a pharmaceutical product, it is the parent who will be legally and financially responsible for providing care for the child. Therefore, the legal right for parents to exercise informed consent to medical risk-taking for minor children, which includes giving consent for use of a pharmaceutical product, such as a vaccine, that carries a risk of injury or death, is an important legal right to defend and protect in America.

The National Vaccine Information Center (NVIC) is currently exploring legal options for overturning this new law, which violates parental informed consent rights.

Will Merck Get its Day in Court?

The class-action civil lawsuit in Australia being brought against Merck for injuries and deaths following Gardasil vaccination may help to bring more attention to the risks of this vaccine, which was fast-tracked in the U.S. and brought to market without adequate scientific evidence proving safety and effectiveness. Like in Australia, there are many girls and women in the U.S. speaking out about what happened to them after getting Gardasil shots. If you or a loved one has been harmed by Gardasil or any other vaccine or pharmaceutical product, please consider sharing your story with others so there is greater public awareness about vaccine and prescription drug risks.

Of course, Merck is no stranger to legal action. The company paid out billions in [lawsuit claims](#) to [tens of thousands](#) harmed by the drug Vioxx, and over the years has had more than \$5.5 billion in judgments and fines levied against it. Unfortunately, in the U.S. Merck is protected from civil lawsuits for Gardasil vaccine injuries and deaths because of the [liability shield granted to pharmaceutical companies by the U.S. government](#).

Barbara Loe Fisher, founder of the National Vaccine Information Center, explains:

"In 1986, there were three major drug corporations selling vaccines in the U.S. (Merck, Lederle, Connaught) and now there are eight (Merck, Pfizer, Sanofi Pasteur, GlaxoSmithKline, Novartis, Astra Zeneca, CSL Biotherapies, Emergent BioSolutions).

That is because, in 1986, Pharma blackmailed Congress into giving them partial liability protection from vaccine injury lawsuits by suggesting they would have to abandon the U.S. childhood vaccine market without a liability shield.

In February of this year [2011], drug companies got what they wanted all along: the U.S. Supreme Court gave Pharma total immunity from lawsuits – even if they could have made a vaccine less harmful.

Vaccines, said the Court, are "unavoidably unsafe."

So if your child is brain injured by a vaccine that you may not have wanted your child to get in the first place, all you can do is file a claim in the federal vaccine injury compensation program. Even though the program has awarded more than \$2 billion dollars to vaccine victims, two out of three plaintiffs are turned away empty handed.

With no liability or accountability for those making, licensing, selling and giving vaccines in America, there are no checks and balances to ensure that vaccines are safe and effective. Doctors, who have been taught to believe that infectious microorganisms should be eradicated from the earth with the mandatory use of multiple vaccines, are as ripe for exploitation as the people they vaccinate."

What You Can Do to Make a Difference

While it seems "old-fashioned," the only truly effective actions you can take to protect the right to informed consent to vaccination and expand vaccine exemptions, is to get personally involved in educating your state legislators and the leaders in your community.

THINK GLOBALLY, ACT LOCALLY.

Mass vaccination policies are made at the federal level but vaccine laws are made at the state level, and it is at the state level where your action to protect your vaccine choice rights can have the greatest impact.

Signing up for NVIC's free Advocacy Portal at www.NVICAdvocacy.org not only gives you access to practical, useful information to help you become an effective vaccine choice advocate in your own community, but when national vaccine issues come up, you will have the up-to-date information and call to action items you need at your fingertips to make sure your voice is heard.

So please, as your first step, [sign up for the NVIC Advocacy Portal](#).

Contact Your Elected Officials

NVIC will help you learn how to effectively write or email your elected state representatives and share your concerns. You might want to call them, or better yet, make an appointment to visit them in person in their office. Don't let them forget you!

It is so important for you to reach out and make sure your concerns get put on the radar screens of the leaders and opinion makers in your community, especially the politicians you elect and are directly involved in making vaccine laws in your state. These are your elected representatives, so you have a right and a responsibility to let them know what's *really* happening in your life and the lives of people you know when it comes to vaccine mandates. Be sure to share the "real life" experiences that you or people you know have had with vaccination.

Share Your Story with the Media and People You Know

If you or a family member has suffered a serious vaccine reaction, injury or death, please consider sharing your experience with others. If we don't share information and experiences with each other, everybody feels alone and afraid to speak up. Write a letter to the editor if you have a different perspective on a vaccine story that appears in your local newspaper. Make a call in to a radio talk show that is only presenting one side of the vaccine story.

I must be frank with you - you have to be brave because you might be strongly criticized for daring to talk about the "other side" of the vaccine story. Be prepared for it and have the courage to not back down. Only by sharing our perspective and what we know to be true about vaccination will the public conversation about vaccination open up so people are not afraid to talk about it.

We cannot allow the drug companies and medical trade associations funded by drug companies to dominate the conversation about vaccination. The vaccine injured cannot be swept under the carpet and treated like nothing more than "statistically acceptable collateral damage" of national one-size-fits-all mass vaccination policies that put way too many people at risk for injury and death. We shouldn't be treating people like guinea pigs instead of *human beings*.

Internet Resources Where You Can Learn More

I encourage you to visit the following web pages on the National Vaccine Information Center (NVIC) website at www.NVIC.org:

- **NVIC Memorial for Vaccine Victims:** View descriptions and photos of children and adults, who have suffered vaccine reactions, injuries and deaths. If you or your child experiences an adverse vaccine event, please consider posting and sharing your story here.
- **If You Vaccinate, Ask 8 Questions:** Learn how to recognize vaccine reaction symptoms and prevent vaccine injuries.
- **Vaccine Freedom Wall:** View or post descriptions of harassment by doctors or government officials for making independent vaccine choices.

Connect with Your Doctor or Find a New One that Will Listen and Care

If your pediatrician or doctor refuses to provide medical care to you or your child unless you agree to get vaccines you don't want, I strongly encourage you to *have the courage to find another doctor*. Harassment, intimidation, and refusal of medical care is becoming the modus operandi of the medical establishment in an effort to stop the change in attitude of many parents about vaccinations after they become truly educated about health and vaccination.

However, there is hope.

At least 15 percent of young doctors recently polled admit that they're starting to adopt a more individualized approach to vaccinations in direct response to the vaccine safety concerns of parents. It is good news that there is a growing number of smart young doctors, who prefer to work as partners with parents in making personalized vaccine decisions for children, including delaying vaccinations or giving children fewer vaccines on the same day or continuing to provide medical care for those families, who decline use of one or more vaccines.

So take the time to locate a doctor, who treats you with compassion and respect and is willing to work with you to do what is right for your child.

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Human Papilloma Virus (HPV)

HPV is one of the most common sexually transmitted viruses. While it causes few symptoms on its own, it is linked to several forms of cancer. In fact, the National Cancer Institute reports [essentially all cervical cancers](#) are the result of HPV. Mouth and throat cancers and cancer of the penis are also linked to HPV. Protecting yourself is extremely important.

HPV Symptoms

Approximately 75 percent of all sexually active people will be infected with HPV at some point in their lives. Most people show no symptoms. Other experience:


- Genital warts, which are raised, dry, and painless bumps
- Cervical changes, detected by Pap smear and colposcopy

There is no screening test that detects HPV in men. However, if your sexual partner is diagnosed with HPV, it is likely you are infected, too.

HPV Prevention

The only way to avoid all forms of HPV infection is to abstain from intimate genital contact, including oral sex.

There are now vaccines against the cancer-causing strains of HPV. If you are a man or woman between the ages of 9 and 26, you can protect yourself with the vaccine. If you are older than age 26, talk to the IU Health Center [Medical Clinic](#).

You can get the vaccine at the IU Health Center [Immunization Clinic](#). It is a series of three shots. The HPV vaccine costs \$155 (per shot) for any student who has paid the [IU Health Fee](#) and \$160 (per shot) if you have not. Prices are subject to change. Merck, the vaccine manufacturer, offers their vaccine at no cost to low-income and uninsured patients. To apply, download the  [Merck Vaccine Patient Assistance Form](#) (.pdf file).

Tips for Safer Sex

Condoms or other latex barriers can also reduce your risk of contracting HPV. Since they do not cover all affected areas, they are not 100% effective.

Limiting your number of lifetime sexual partners can also reduce your risk. A long-term, mutually monogamous relationship is the safest.

HPV Treatment

There is no cure for HPV, but there are many treatments for genital warts, including freezing or applying chemicals to the warts. Repeated treatments are generally required and can sometimes last several months. They cannot be treated with over-the-counter medications.

Even after warts are gone, you may still be infected with HPV. Warts may return.

Cervical HPV can be monitored through regular Pap smears, colposcopy, and biopsy. Even if you have had the HPV vaccine, you should visit the IU Health Center [Women's Clinic](#) every year for an annual check-up. If you have paid the [IU Health Fee](#), your visit is free when you make an appointment in advance.





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Merck spent \$2.16M in 3Q lobbying Congress

WASHINGTON

Pharmaceutical company Merck & Co. boosted its spending on federal government lobbying in the third quarter, as it focused on drug importation issues and the implementation of the health care overhaul among several other topics.

The Whitehouse Station, N.J., company spent \$2.16 million in the three months that ended Sept. 30. That represents a 39-percent increase from the same quarter last year and more than double its total spending in this year's second quarter.

Merck lobbied Congress on a rule that would task a federally-sponsored panel with comparing the effectiveness of different drugs, devices and medical procedures. The effort aims to cut wasteful spending on ineffective treatments. The industry has maintained that any government assessments should not be used to deny coverage of expensive medical technology.

It also lobbied on payment advisory board provisions in the overhaul that Congress passed in March that aims to cover millions of uninsured people. Merck lobbied on a requirement for safety and cost savings certification for any drug importation legislation.

The maker of cholesterol pills Vytorin and Zetia and diabetes pill Januvia lobbied on access to over-the-counter medications, on the renewal and expansion of the research and development

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tax credit, and the deferral of taxation of foreign earned income.

Merck, a top maker of vaccines for both children and adults, also lobbied on increased funding for national immunization and AIDS drug assistance programs, according to a report filed with the clerk of the House of Representatives.

The company's lobbyists included Eli Joseph, a former assistant in the White House Office of Legislative Affairs, Angela Stewart, former legislative counsel to Sen. John Warner, and Jerome Murray, a former legislative director for Rep. G.K. Butterfield.

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Fees & Policies

Fees for Services and Eligibility

A wide range of primary care services are available to registered students who live on and off campus. A patient visit fee of \$10 is charged for each visit. Students can pay by cash, check or Gull Card at the time of service. Nominal fees for elective services are listed below.

The University assumes no financial responsibility for student care other than that provided by Student Health Services (SHS).

Administering Injections:

- Allergy - \$10
- Depo-Provera - \$10
- Diphtheria/Tetanus - \$25
- Flu Shots - \$15
- Hepatitis B Vaccine - \$30 per dose
- HPV Vaccine (Gardasil) - \$155 per dose
- Measles, Mumps and Rubella (MMR) - \$5
- Miscellaneous Vaccines - \$10
- PPD Mantoux Test - \$10

Screenings:

- Abnormal PAP Screening - \$45
- Tuberculosis (PPD) Tests - \$10
- Glucose Test - \$10
- hCG (Pregnancy) Test - \$10
- Hearing and Vision - \$10
- Hemacult - \$10
- Rapid Mono Test - \$15
- HIV Counseling and Testing \$5
- STD Screening (Asymptomatic) - \$15
- STD Screen \$15
- HIV/STS Physicals - \$5
 - Moderate - \$25
 - Comprehensive \$50
- STD/ HIV testing - * \$20 (*offered at this time on limited basis by appt*)

Fees & Policies

- Fees
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- Requirements
- Confidentiality
- Immunizations
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- Medical Excuses/sick notes

Office Information

Campus Health Alert Hotline:
On Campus:
3-7995
Off Campus:
410-543-7995

Salisbury University
Holloway Hall, Room 180
1101 Camden Ave.
Salisbury, MD 21801

Email:
studhealthsvcsmgr@salisbury.edu

Telephone: (410) 543-6262
On Campus: X36262

Please Read [DISCLAIMER](#)

(Students may call Wicomico Health Dept at 410-543-6943 for appt to have HIV/STD testing)

Physicals:

- Job application or other \$25-50
- Yearly Gyn with PAP \$55

Medications & Procedures:

- Emergency Contraception - \$30
- HistoFreeze \$15
- Nebulizer Treatment - \$15
- Self Care Center-no charge
- Surgical Procedures: Per illness / per visit
- Incision and Drainage (I&D) - \$25
- Removal of Toenail - \$25
- Suture of Laceration - \$25
- Suture Removal - \$10
- Miscellaneous Procedures - \$25

Alcohol Class:

- per session - 1 class \$25, 1-3 classes \$75, 6-12 classes \$125

Deposits:

For use of listed equipment:

- Crutches - \$30
- Wheelchair - \$30

Prescriptions

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Prescriptions issued by SHS can be filled at any local pharmacy at the student's expense. Students may contact their insurance companies to see if and where prescriptive privileges exist. Students & parents are encouraged to speak with their insurance companies prior to illness so they know where to go should the need arise.

Insurance

Students are urged to carry health insurance coverage although insurance coverage is not mandatory. SHS does not endorse or sponsor a specific program but does maintain literature on a variety of insurance programs. Students interested in coverage may contact SHS.

Requirements

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Prior to treatment in Student Health Services, each student is required to complete a health history questionnaire. Students, regardless of age, are required to provide verification of up-to-date immunizations. Physical examinations are not required for admission to the University.

Confidentiality

All information received by SHS regarding a client's health is strictly confidential. Access to medical records is limited to authorized SHS personnel. Faculty and administration do not have access to medical records and will not be able to verify a student's visits to SHS without the student's permission. If the student is 18 years of age or older, the University cannot release information to his/her parents without the student's prior knowledge. Medical information is released only with the student's written consent or upon court-ordered subpoena.

Immunizations

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Student Health Services requires all students, living on and off campus, to have:

- Measles, Mumps and Rubella (MMR)
- The MMR vaccine must have been given after the first birthday and a second shot must have been given after 1980.
- PPD (test for tuberculosis) within the last year.
- Maryland law requires that all students, graduate and undergraduate, enrolled at the University and who reside in on campus housing have:
- Meningococcal vaccine or a signed waiver on file in SHS

Recommendations:

Hepatitis B vaccination is strongly recommended

HPV vaccine -Gardasil (for women) is strongly recommended

Health History Questionnaire

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We don't require that students have physicals but we do require a Health History Questionnaire be filled out by every student prior to being seen in Student Health Services (SHS). You can obtain this form by calling 410-543-6262 or stopping by SHS or by [clicking here to download](#).

Medical Excuses / Sick Notes

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SHS does not routinely provide medical excuses for absences from class. In instances where students experience serious illness/injury or on-going health problems, absence notifications will be coordinated through the [Vice President for Student Affairs office](#).

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How much does the HPV vaccine cost? Is it covered by health insurance plans?

The drug company price for either vaccine is about \$130 per dose. This cost does not include the cost of giving the shots or the doctor's charge. So, it's possible that the cost for the series (3 shots over 6 months) could be \$500 or more. Insurance plans will likely cover the cost. But check with your insurance plan to be sure.

The vaccines are included in the federal Vaccines for Children (VFC) program. This program covers vaccine costs for children and teens who don't have insurance and for some children and teens who are underinsured. The VFC program provides free vaccines to children and teens younger than 19 years of age, who are either Medicaid-eligible, American Indian or Alaska Native, or uninsured.

There are over 44,000 sites that provide VFC vaccines, including hospitals and private and public clinics. The VFC program also allows children and teens to get VFC vaccines through federally qualified health centers or rural health centers if their private health insurance does not cover vaccinations. For more information about the VFC program, visit www.cdc.gov/vaccines/programs/vfc/default.htm. Or call 1-800-CDC-INFO (1-800-232-4636).

Some states and US territories have programs that will cover the vaccine costs, too. You can find the contact information for your area at the CDC Web site given above.

Last Medical Review: 03/22/2012

Last Revised: 03/22/2012

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