

# Gardasil®:

# What you don't know

by Hilary Butler

The spiel on radio and the adverts on television tell you Gardasil® will eliminate 70 per cent of cervical cancer caused by human papilloma viruses (HPV) types 16 and 18, as well as genital warts. You are told your daughters will benefit from this vaccine "breakthrough", but they must be jabbed before they become sexually active, because the first time your daughter has sex, HPV viruses explode out of nowhere to suddenly threaten your daughter with cancer. Think about that for a moment. You are being asked to believe that babies and children exist in sterile little bubbles, while these viruses are running rampant in their parents, older siblings and the wider community, causing warts and all sorts of other infections?

"Papillomavirus is in, effectively, all the vertebrates: snakes, amphibians, birds, and almost all the mammals. This virus co-evolved with the vertebrate kingdom, and it's just part of what it is to be alive. It's a virus that's extraordinarily successful at persisting and passing itself down to the next generation not just in people, but in any animal you've ever seen. So it's something we just have to deal with."

– Dr Thomas Broker, President of the International Papillomavirus Society.

## THE FACTS

- HPV is transmitted from mothers to babies.
- HPV is found in oral and genital mucosa of infants during their first three years of life.
- HPV has turned up in HPV DNA oral swabs in 87 per cent of newborn babies and 57 per cent of children.
- HPV has been found in hyperplastic tonsils and adenoids in Greek children.
- HPV has been found in the mouths of Japanese children aged three to five years old.
- Caesarean delivery is not "protective" against oral HPV infection. Half of the children and infants HPV-positive in this study were born by Caesarean delivery.
- There is a very large transfer of the virus amongst children and another study concluded that HPV-16 DNA in children's mouths was a transient event and that the virus is most probably acquired from their peers.
- In a 1994 study which found perinatal transmission of HPV-16 and 18 in 55 per cent of babies, cautioned that, "Information on the persistence of perinatally acquired human papillomavirus is required before rational vaccination programmes can be considered."
- Persistent HPV-16 and HPV-18 infection was found in infants in 1995, which led this study's authors to say: "The observation that infection with high cancer risk genital HPVs may occur in early life and persist is of considerable importance for HPV vaccine strategies."
- In 1996 different researchers found the same thing and listed studies which found HPV-16 viruses in children whose mothers did not have evidence of HPV-16.
- Again, in 1998 researchers said: "Thus the traditional view that cervical cancer associated HPV infections are primarily sexually transmitted needs to be re-assessed ... these facts are pertinent to those developing prophylactic vaccines to prevent high-risk HPV infections and cervical carcinoma."
- And what do we read in 2000? "The mode of in utero transmission remains unknown ... the understanding of viral transmission routes is important, particularly because several vaccination programmes are being planned worldwide."



