Global Concerns About HPV Vaccines

Presented by Freda Birrell, Secretary
Leslie Carol Botha, Vice-President of Public Relations, SANE Vax, Inc.

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THE SANE VAX MISSION is to promote Safe, Affordable, Necessary & Effective vaccines and vaccination practices through education and information. We believe in science-based medicine.

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SANE Vax Inc. became a non profit corporation in August 2010. Since the September website launch 106 countries have visited our site.
### Vaccine Adverse Event Reporting System - VAERS

**HPV 4 Gardasil® – HPV 2 Cervarix ®**

<table>
<thead>
<tr>
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<th>Total</th>
<th>Female</th>
<th>Male</th>
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<td>20,510</td>
<td>324</td>
<td>448</td>
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<tr>
<td>Deaths</td>
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<td>14</td>
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<tr>
<td>Abnormal Pap Results - PV</td>
<td>372</td>
<td>372</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Life-Threatening</td>
<td>411</td>
<td>400</td>
<td>8</td>
<td>3</td>
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<td>ER Visit</td>
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<td>8,490</td>
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<td>Hospitalized</td>
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<td>2,079</td>
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<td>Did Not Recover</td>
<td>4,382</td>
<td>4,308</td>
<td>37</td>
<td>37</td>
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<tr>
<td>Disabled</td>
<td>702</td>
<td>695</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Abortions – Spontaneous/Stillbirths</td>
<td>252</td>
<td>252</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* Estimated 1 to 10% of population reporting – February 2011

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HPV Vaccines Adverse Reactions as reported to the U.S. Vaccine Adverse Event Reporting System (VAERS)

Abortion, Stillbirth/Miscarriage, Addison's Disease, Adrenal failure, Adrenal issues, Allergies, Anxiety, Panic attacks, Appetite loss, Arthritis, Asthma attacks, Autistic-like symptoms, Autoimmune Disease (Lupus / Mixed Connective Tissue Disease), Back pain, Bacterial Vaginosis, Bladder issues, Bleeding gums, Blindness, Bloated, Blood Sugar Issues, Bloody stools, Brain fog, Brain Inflammation, Brain lesions, Bronchitis, Cervical cancer, Chemical sensitivity, Chest pains, Convulsions, Chronic Fatigue Syndrome, Constipation, Cytomegalovirus (CMV), Death, Degenerative disk disease, Dehydration, Depression, Diabetes, Diarrhea, Dizziness, Dyslexia, Dysplasia, Early Onset of Menopause, Enlarged fallopian tubes, Enlarged liver, Epstein Barr Virus (EBV), Extreme pain in the tailbone area, Fainting, Fatigue, Fertility problems, Fever, Fever blisters, Fibromyalgia, Food allergies, Gallbladder issues, Genital Warts, Gray film on teeth, Guillain-Barre Syndrome, Hair growth in strange places, Hair loss, Hallucinations, Hand / Leg Weakness, Hasimoto's Disease, Head pressure, Headache, Hearing loss (Permanent), Hearing loss (Temporary), Hearing sensitivity, Heart Palpitations, Heart arrhythmia, High levels of metals in blood: aluminum, mercury, Hot / Cold Intolerance, HPV, Infertility, Insomnia, Itching, IUD discomfort, Joint pain, Kidney Failure, Kidney issues, Knee pain, Leaky Gut Syndrome, Light sensitivity, Lip spots, Liver Failure, Loss of bladder control, Lupus, Memory Loss (long-term), Memory Loss (short-term), Menstrual cycle changes, Metallic taste in mouth, Migraines, Miscarriage, Mood Swings, Moles (Increase in number of), Mononucleosis, Multiple Sclerosis (MS), MS-like symptoms, Muscle aches, Muscle spasms, Muscle tension, Nausea, Neurological reactions to fungal metabolites, Neurological symptoms, Night sweats, Non-Hodgkin's Lymphoma, Numbness, Other types of cancer, Ovarian failure, Paleness, Paralysis, Pancreatitis, PCOS (Poly-Cystic Ovarian Syndrome), Pelvic Inflammatory Disease (PID), Pelvic pain, Personality changes, Pins / Needles in Extremities, Pleural effusion, Pneumonia, Postural Orthostatic Tachycardia Syndrome (Orthostatic Intolerance), Rash, Raynaud's Phenomenon, Rheumatoid arthritis, Ruptured ovarian cysts, Seizures, Sensitivity to commercially processed citric acid, MSG, sulfur and other additives, Severe nerve pain syndrome, Shortness of breath, Sleep Apnea, Slurred speech, Smell sensitivity, Sore throat, Sound sensitivity w/ Anxiety, Stomach ache, Stomach pain, Sudden drops in blood pressure, Swelling / Edema, Swollen lymph nodes, Thyroid Issues, Thrombosis Toothaches / Teeth Changes, Tremors: hand and/or leg, Uterine spasms, Vision changes - long term, Vision loss (Permanent), Vision loss (Temporary), Vision Problems - abnormal pupillary function / dilation, Weight gain or loss (20 – 30 lbs.)
VAERS DATA 6/1/06 – 12/31/10

Life threatening incidents post HPV Vaccines in relation to all other vaccines.

VAERS DATA 6/1/06 – 12/31/10

Life threatening incidents post HPV Vaccines in relation to 9 other vaccines administered in this age group.
VAERS Data 6/1/06 – 12/31/10

Emergency room visits post HPV Vaccines in relation to all other vaccines

VAERS DATA 6/1/06 – 12/31/10

Emergency Room visits post HPV Vaccines in relation to 9 other vaccines administered in this age group.
VAERS Data
6/1/06 – 12/31/10

Hospitalizations post HPV Vaccines in relation to all other vaccines.

VAERS DATA
6/1/06 – 12/31/10

Hospitalizations post HPV Vaccines in relation to 9 other vaccines administered in this age group.
VAERS DATA 6/1/06 – 12/31/10

Extended hospital stay post HPV Vaccines in relation to all other vaccines.

VAERS DATA 6/1/06 – 12/31/10

Extended hospital stay post HPV Vaccines in relation to 9 other vaccines administered in this age group.
VAERS Data
6/1/06 – 12/31/10

Disabling events post HPV Vaccines in relation to all other vaccines.

VAERS DATA
6/1/06 – 12/31/10

Disabling events post HPV Vaccines in relation to 9 other vaccines administered in this age group.
VAERS Data
6/1/06 – 12/31/10
Percentage of those who have not recovered post HPV Vaccines in relation to all other vaccines.

VAERS DATA
6/1/06 – 12/31/10
Percentage of those who have not recovered post HPV Vaccines in relation to 9 other vaccines administered in this age group.
VAERS Data
6/1/06 – 12/31/10

Deaths post HPV Vaccines in relation to all other vaccine deaths

VAERS DATA
6/1/06 – 12/31/10

Deaths post HPV Vaccines in relation to 9 other vaccines administered in this age group.
TOTAL REPORTS IN VAERS
Submission Date from 6-01-2006 to 12-31-2010
Including Vaccination in Combination with Other Vaccines
Adverse Events as a % of Total

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TOTAL REPORTS IN VAERS
Submission Date from 6-01-2006 to 12-31-2010
Including Vaccination in Combination with Other Vaccines
Adverse Events as a % of Total

Copyright 2011 S.A.N.E.Vax, Inc.
TOTAL REPORTS IN VAERS
Submission Date from 6-01-2006 to 12-31-2010
Excluding Vaccination in Combination with Other Vaccine Adverse Events as a % of Total
TOTAL REPORTS IN VAERS
Submission Date from 6-01-2006 to 12-31-2010
Excluding Vaccination in Combination with Other Vaccine
Adverse Events as a % of Total
“The finding of HPV viral DNA integrated in most cellular genomes of cervical carcinomas supports epidemiologic data linking this agent to cervical cancer however, direct causation has not been demonstrated.”

*Cervical Cancer Prevention, Health Professional Version*¹
published by the National Cancer Institute (NCI)

The next paragraph states HPV infections dropped by 42% with no precancerous lesions being demonstrated during an eight month study of women whose partners consistently used condoms. 90% of women pass HPV within two years.

It is not a single infection, but multiple persistent infections that may cause cervical cancer. ...therefore it is the persistent infection, not the virus that determines cervical cancer risk.

Non cancerous types of HPV: 6 & 11
Cancerous types: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, 69, 73, 82

¹*Cervical Cancer Prevention, Health Professional Version*
It is estimated that 25,000,000 women may have been previously exposed to HPV

CDC extrapolation of population figures for that age group multiplied by the percentage of infected (potentially) --

According to the May 2006 FDA VRBPAC\(^1\) meeting report if a woman is pre-exposed to HPV and if she is administered the HPV vaccines incidences of cervical cancer increase:

44.6\% - Gardasil \(^{®}\)
32.5\% - Cervarix \(^{®}\)

In a September 2008, FDA Closing Statement on Gardasil it was noted that 73.3\% of girls in the clinical trials developed “new medical conditions” post vaccination. \(^2\)

Cervical cancer is a major lethal malignancy in underdeveloped countries, but not in the U.S. The Centers for Disease Control and Prevention (CDC) record showed that 3,976 women died from cervical cancer in the U.S. in 2006.

The current type-specific HPV vaccines have claimed to be almost 100% effective against infection by HPV-16 and HPV-18, and perhaps also against HPV-31 and HPV-45 infections. However, we do not know if these four HPV types are the most prevalent carcinogenic HPV genotypes in the U.S. According to two published reports – one by the CDC, HPV-52 not HPV-16 or HPV-18 was found to be the most prevalent “carcinogenic” genotype infecting young American women.¹

Dr. Sin Hang Lee - Pathologist, Milford Hospital
Director, Milford Medical Laboratory, Milford, CT

¹. Consumer-Engaged Prevention of Cervical Cancer
http://sanevax.org/news-blog/?p=19
Screening via Gynecologic Examinations and Cytologic Screening Based on solid evidence, screening via regular gynecologic examinations and cytologic test (Papanicolaou smear) with treatment of precancerous abnormalities decreases the incidence and mortality of cervical cancer.

Screening is not beneficial in detecting invasive cancer in women younger than 25 years because of the low prevalence of invasive disease, and the harms outweigh the benefits. Screening is not beneficial in women older than 60 years if they have had a history of recent negative tests.  

1. *Cervical Cancer Prevention, Health Professional Version*, published by the National Cancer Institute (NCI)  
In the natural history of cervical cancer development only a small fraction of the CIN 2 lesions will progress to CIN 3 lesions; and only a small fraction of CIN 3 lesions will progress to cervical cancer. Therefore, there are many more CIN 2 lesions than CIN3 lesions and cervical cancers combined in any female population, including the subjects enrolled in the Gardasil™ clinical trials. As a result, the overwhelming majority of the “CIN 2/3 or worse” cases used for evaluation of efficacy and listed in the VRBPAC Background Document on Gardasil™ HPV Quadrivalent Vaccine presented at the May 18, 2006 VRBPAC meeting must have been CIN 2 lesions.¹

HPV2 Cervarix® – approved for use in the UK in June 2008
Approved for use in the US in October 2009

- **VAERS ID:** 411739
- **Vaccinated:** 2010-06-15
- **Age:** 12.0
- **Onset:** 2010-06-15, **Days after vaccination:** 0
- **Gender:** Female
- **Submitted:** 2010-12-03, **Days after onset:** 171
- **Entered:** 2010-12-06, **Days after submission:** 3
- **Life Threatening Illness?** No
- **Died?** No
- **Disability?** Yes
- **Recovered?** No

On 15 June 2010 the subject received an unspecified dose of CERVARIX (.5 ml, intramuscular). That same day on 15 June 2010, at an unspecified time after vaccination with CERVARIX, the subject’s condition aggravated and experienced deterioration of retrobulbar neuritis. At an unknown time after vaccination with CERVARIX the subject experienced headaches, bilateral loss of vision and extreme tiredness. The regulatory authority reported that the events were disabling. At the time of reporting the outcome of the events was unknown. Deterioration of retrobulbar neuritis, bilateral loss of vision occurred. Headaches and extreme tiredness.
A colleague has asked me to highlight the possible visual side effects which may occur after vaccination with Cervarix®, a human papillomavirus vaccine to prevent cervical cancer. These are rare, but may include photophobia, blurred vision or visual impairment. (MHRA suspected adverse reaction analysis dated 29/7/10)

Dr. Susan Blakeney,
Optometric Advisor,
College of Optometrists
The MHRA view is that Cervarix® side effects only last 7 - 10 days.  
The NHS informs girls and parents that side effects are 'quite mild'.

The following data on the US Govt's VAERS database, America's vaccine safety watchdog, shows a different view of the facts.

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of British girls reported to VAERS in this sample:</td>
<td>52</td>
</tr>
<tr>
<td>No. of British girls reported to VAERS by MHRA in this sample:</td>
<td>51</td>
</tr>
<tr>
<td>No. of cases marked Disabling:</td>
<td>14</td>
</tr>
<tr>
<td>No. of cases marked Life Threatening:</td>
<td>4</td>
</tr>
<tr>
<td>No. of Deaths:</td>
<td>1</td>
</tr>
<tr>
<td>No. of cases with symptoms 0-1 day after vaccination:</td>
<td>27</td>
</tr>
<tr>
<td>No. of cases with concurrent medical conditions and/or medications:</td>
<td>19</td>
</tr>
<tr>
<td>No. of cases long-lasting (&gt;7-10 days):</td>
<td>38</td>
</tr>
<tr>
<td>No. of cases &quot;quite mild:&quot;</td>
<td>0</td>
</tr>
</tbody>
</table>
Dec 2010 VAERS Reports on Gardasil®
Blindness/Visual Problems/Visual Impairment

Blindness/Blindness cortical  56
Blindness unilateral  11

Optic nerve disorder/glioma/injury/optic neuritis/
Retrobulbar/neuropathy  49

Associated problems:
Vision blurred/visual acuity reduced/or transiently/
Visual acuity tests/abnormal  303
Visual brightness/disturbance/evoked potentials/
Abnormal/normal/visual field defect/visual field tests/
Abnormal/normal/visual impairment/visual tracking /Abnormal  213
## VAERS Comprehensive Analysis
### All Vaccine Injuries

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Submission date on/before 05/31/06</th>
<th>05/31/06</th>
<th>Submission Date on/after 06/01/06</th>
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<td></td>
<td>male</td>
<td>female</td>
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<tr>
<td>0 - 2 year olds</td>
<td>35269</td>
<td>30754</td>
<td>4515</td>
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<td></td>
<td></td>
<td></td>
<td>12.8%</td>
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<tr>
<td>3 - 5 year olds</td>
<td>12918</td>
<td>11713</td>
<td>1205</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>9.3%</td>
<td></td>
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<tr>
<td>6 - 9 year olds</td>
<td>2758</td>
<td>2469</td>
<td>289</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10.5%</td>
<td></td>
</tr>
<tr>
<td>10 - 12 year olds</td>
<td>2352</td>
<td>2538</td>
<td>186</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>7.3%</td>
<td></td>
</tr>
<tr>
<td>13 – 17 year olds</td>
<td>3642</td>
<td>4308</td>
<td>666</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>15.5%</td>
<td></td>
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<tr>
<td>18-44 year olds</td>
<td>14519</td>
<td>29831</td>
<td>15672</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>52.5%</td>
<td></td>
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*Note: the numbers for 06/01/06 reflect reporting through December 2010*
### VAERS Comprehensive Analysis

Numbers without HPV given as a single vaccine but including reports where HPV is given in combination with other vaccines

<table>
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<tr>
<th>Age Group</th>
<th>Submission date on/before 05/31/06</th>
<th>05/31/06</th>
<th>Submission Date on/after 06/01/06</th>
<th>06/01/06</th>
<th>Difference</th>
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<td>male</td>
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<td>0 - 2 year olds</td>
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<td>30753</td>
<td>4516</td>
<td>12.8%</td>
<td>14522</td>
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<td>3 - 5 year olds</td>
<td>12918</td>
<td>11713</td>
<td>1205</td>
<td>9.3%</td>
<td>6737</td>
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<tr>
<td>6 - 9 year olds</td>
<td>2758</td>
<td>2469</td>
<td>289</td>
<td>10.5%</td>
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<tr>
<td>10 - 12 year olds</td>
<td>2352</td>
<td>2536</td>
<td>186</td>
<td>7.3%</td>
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<td>13 – 17 year olds</td>
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<td>4281</td>
<td>639</td>
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<td>18-44 year olds</td>
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<td>29759</td>
<td>15672</td>
<td>52.4%</td>
<td>8056</td>
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</table>

*Note: the numbers for 06/01/06 reflect reporting through December 2010*
## VAERS Comprehensive Analysis
### NUMBERS WITHOUT HPV VACCINES INVOLVED

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Submission Date</th>
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<th>Difference</th>
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<tr>
<td></td>
<td>Submission date on/before 05/31/06</td>
<td>05/31/06</td>
<td>Difference</td>
</tr>
<tr>
<td></td>
<td>male</td>
<td>female</td>
<td>%</td>
</tr>
<tr>
<td>0 - 2 year olds</td>
<td>35269</td>
<td>30753</td>
<td>4516</td>
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<tr>
<td>3 - 5 year olds</td>
<td>12918</td>
<td>11713</td>
<td>1205</td>
</tr>
<tr>
<td>6 - 9 year olds</td>
<td>2758</td>
<td>2469</td>
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<tr>
<td>10 - 12 year olds</td>
<td>2350</td>
<td>2521</td>
<td>171</td>
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<tr>
<td>13 – 17 year olds</td>
<td>3641</td>
<td>4228</td>
<td>587</td>
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<tr>
<td>18-44 year olds</td>
<td>14517</td>
<td>29738</td>
<td>15581</td>
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</tbody>
</table>

*Note: the numbers for 06/01/06 reflect reporting through December 2010*
HPV Vaccines Mechanisms of Action
Estrogen is to Cancer what Fertilizer is to Wheat

During the last two months, results of two disconcerting studies have been released:

*The association of hormonal contraceptive use and HPV prevalence,*
*International Journal of Cancer (IJC)*

*Estrogen May Play Role in Rising Rates of Head, Neck Cancer*
*Health Day News*
Women diagnosed with cervical cancer report longer duration and more recent use of combined oral contraceptives (COCs). It is unclear whether COC use is associated with upstream events of human papillomavirus (HPV) infection prior to development of clinical disease.” The studies objective…“was to assess the association of contraceptive use on the risk for prevalent HPV infection in a cohort of long-term hormonal contraceptive (HC) users.

The authors found: a demonstratable “association between the use of COCs for >6 years and prevalent HPV infection among 20- to 37-year-old women from Thailand after controlling for sexual behavior and cytological abnormalities. This finding is in agreement with other smaller cross-sectional studies conducted among college age women and women 20–29 years of age who report COC use for >4 years.” The summary “observed that long-term use of COCs of >6 years is associated with an increased risk of prevalent HPV infection in a cohort of HC and NHC users in Thailand.”

“Longitudinal studies examining the risk of HPV acquisition and particularly HPV persistence by contraceptive use are therefore urgently needed.”

For months news headlines reported on the association between HPV and head and neck cancers suggesting that Gardasil may be a preventive for these cancers as well. However, Health Day News reported that estrogen stimulation may indeed be behind the HPV stimulation for head and neck cancers.

Rates of head and neck cancer are rising among some groups of people, including young women without any known risk factors. Now, a study suggests that estrogen may help the cancer spread by boosting the movement of precancerous cells in the mouth.¹

The FDA has acknowledged studies on the interaction between Gardasil, estrogen and HPV stimulation have not been conducted.

Delayed effects of neonatal exposure to Tween 80 on female reproductive organs in rats.

Abstract
Neonatal female rats were injected ip (0.1 ml/rat) with Tween 80 in 1, 5 or 10% aqueous solution on days 4-7 after birth. Treatment with Tween 80 accelerated maturation, prolonged the oestrus cycle, and induced persistent vaginal oestrus. The relative weight of the uterus and ovaries was decreased relative to the untreated controls.

Squamous cell metaplasia of the epithelial lining of the uterus and cytological changes in the uterus were indicative of chronic oestrogenic stimulation. Ovaries were without corpora lutea, and had degenerative follicles.

Effect of oral contraceptives on risk of cervical cancer in women with human papillomavirus infection: the IARC multicentric 1.

Background
Use of oral contraceptives could increase risk of cervical cancer; however the effect of human papillomavirus (HPV), the main cause of cervical cancer, is not usually taken into account. We aimed to assess how use of oral contraceptives affected risk of cervical cancer in women who tested positive for HPV DNA.

Interpretation
Long-term use of oral contraceptives could be a cofactor that increases risk of cervical carcinoma by up to four-fold in women who are positive for cervical HPV DNA. In the absence of worldwide information about HPV status, extra effort should be made to include long-term users of oral contraceptives in cervical screening programmes.

National Cancer Institute
Oral Contraceptives and Cancer Risk: Questions and Answers ¹.

Reviewed: 05/04/2006

Although OC use may increase the risk of cervical cancer, human papillomavirus (HPV) is recognized as the major cause of this disease. Approximately 14 types of HPV have been identified as having the potential to cause cancer, and HPVs have been found in 99 percent of cervical cancer biopsy specimens worldwide.

A 2003 analysis by the International Agency for Research on Cancer (IARC) found an increased risk of cervical cancer with longer use of OCs. Researchers analyzed data from 28 studies that included 12,531 women with cervical cancer. The data suggested that the risk of cervical cancer may decrease after OC use stops. In another IARC report, data from eight studies were combined to assess the effect of OC use on cervical cancer risk in HPV-positive women. Researchers found a fourfold increase in risk among women who had used OCs for longer than 5 years. Risk was also increased among women who began using OCs before age 20 and women who had used OCs within the past 5 years. The IARC is planning a study to reanalyze all data related to OC use and cervical cancer risk.

Histamine metabolism during the menstrual cycle.

The urinary excretion of histamine and its metabolites methylhistamine (MeHi) and methylimidazoleacetic acid (MelmAA) were measured during the menstrual cycle in 9 healthy women, 1 allergic woman, and 3 nonpregnant women with anovulatory regular cycles. Simultaneous urinary analyses of luteinizing hormone (LH) and total estrogens were performed. The healthy women showed individual variations in the excretion of histamine, MeHi and MelmAA. This observation has been interpreted as an expression of minor individual differences in the catabolism of histamine. At midcycle an increase in the urinary excretion of histamine metabolites was sometimes evident and a statistically significant correlation could be established between MeHi and estrogen in urine. These results may support previous findings of histamine release by estrogens in uterine tissue but may also reflect an elevated histamine formation. 1.

The allergic woman excreted constantly increased amounts of histamine and its metabolites, especially when her allergic symptoms became aggravated premenstrually. She was without any change in MeMmAA excretion at midcycle but the MeHi excretion varied with the excretion of estrogens in the urine. The subjects with anovulatory menstrual cycles had low values of histamine and metabolites although within the normal variations.

SANE Vax, Inc. is concerned about the role that estrogen plays not only in HPV stimulation but in histamine stimulation. Gardasil is the only vaccine to include L-Histidine – a synthetic histamine as one of the ingredients.

Estrogen dominance is becoming a major concern in western industrialized nations. Estrogen mimickers are found in plastics, foods, and household solvents. Estrogen has also been passed down from mother to daughter through birth control use and other vertical lines.
SANE Vax Inc., believes that these three studies warrant more examination. An independent study of the relationship between estrogen, HPV, cancer and Gardasil needs to be conducted immediately. Over 382 reports of abnormal pap smears post-HPV vaccination – some including cervical cancer – have already been reported to VAERS.

On February 3, 2011 Critical Care announced a new provisional study titled: *Hormonal status in protracted critically illness and in-hospital mortality*.

The aim of the study was to determine the relationship between hormonal status and mortality in patients with protracted critical illness.

Authors concluded results suggested that, according to gender, some endocrine or metabolic markers measured in the post-acute phase of critical illness have a prognosis value.

Merck’s ‘One Less Girl to Get Cervical Cancer Campaign’ becomes One More Girl Adversely Injured

In 2006, the HPV vaccine Gardasil was introduced to a public generally unaware of the Human Papillomavirus or its threat to adolescent girls and women. However, the public was quickly informed of the dangers of the virus when Merck launched an aggressive advertising campaign.

According to Neon Tommy, the online publication for the Annenberg School for Communication and Journalism, USC, the promotion was successful. Merck’s marketing techniques even earned Gardasil a "pharmaceutical brand of the year" award from Pharmaceutical Executive for its ‘savvy disease education,’ and building ‘a market out of thin air.’

Indeed, Merck took home a “fistful” of top television ad honors at the 2008 10th Annual Pharmaceutical Advertising and Marketing Excellence Awards (PhAME) gala event at the Guggenheim Museum.

"When I think about Gardasil®, the entire approach is to make sure we get as many appropriate people vaccinated as possible," said David Schechter, executive director, Merck vaccines and infectious disease. "We looked at innovative and creative approaches to get to the consumers, and have them take action and talk to their healthcare professionals."

\[
\begin{align*}
I \text{ could be one less.} \\
\text{One less statistic. One less.} \\
I \text{ want to be one less woman who will battle cervical cancer.} \\
\text{One less.}
\end{align*}
\]

France has now banned advertisements claiming HPV vaccines prevent cervical cancer.

The UK Advertising Standards Authority has banned Cervarix ‘armed for life’ advertisements stating they are misleading and untrue.
One More Girl Unveils
Truth behind HPV Vaccine Travesty
Documentary Hailed as Social/Political Statement on Marketing of Global Medical Experiments

This provocative film documents the stories of the numerous girls adversely affected by the HPV vaccines – giving these young women and their families a chance to speak out – share their dismay and sense of betrayal for simply believing the pharmaceutical and medical industries were protecting them when marketing HPV vaccines for the prevention of cervical cancer. Filled with stories of anguish, loss of innocence, guilt on the part of mothers who encouraged their daughters to get the vaccine – and financial devastation as families use their hard-earned savings to find a cure for their daughter’s illness, leaving no viewer untouched.

Please donate to the production of this film today:
http://www.kickstarter.com/projects/1995527181/one-more-girl-documentary

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