

Scientists Explain Why HPV Vaccines Are Unsafe - Gaia Health



There is no evidence that Gardasil or Cervarix can prevent cancer better than a decent screening program. There is strong evidence that they can produce severe and life-threatening harm. This report by 4 scientists documents how science has been corrupted & misused to promote these life-devastating vaccines.

by Heidi Stevenson

Scientists who have done extensive research on the topics of immunization and autoimmune disorders have produced a new paper concluding that:

[P]hysicians should remain within the rigorous rules of evidence-based medicine, to adequately assess the risks versus the benefits of HPV vaccination.

In the context of the paper, it's quite clear that they are saying the evidence does not support a positive risk-benefit ratio for the human papilloma virus (HPV) vaccines, Gardasil and Cervarix.

Ovarian Failure

The paper starts by discussing three cases of young women, studied by the authors, whose development had been quite normal, yet who experienced ovarian failure after receiving HPV vaccinations. They were studied extensively and all other potential causes were ruled out, leaving only the vaccines as the causative agent. They also point out another well-documented case similar to the ones they had investigated.

These are “only” four young women whose lives have been devastated, but the methods of treating girls who are recently post-menarchal is now to give them hormonal drugs, which can mask the symptoms of ovarian failure. The truth is that we do not know how many have been affected this way, and very likely won't know for years.

These cases are then compared with the newly-described syndrome, autoimmune/inflammatory syndrome induced by adjuvants (ASIA), which can be characterized by the existence of several criteria. All of the girls fit the definition. Following is a copy of the table that displays which of the symptoms each young woman suffered:

Table 1 The Suggested Criteria of Autoimmune/Inflammatory Syndrome Induced by Adjuvants (ASIA)⁷ in the Current Three Cases of Post-Human Papilloma Virus Vaccine Manifested Primary Ovarian Failure (POF). Note That for Positive Diagnosis of ASIA, Fulfilment of Either Two Major or One Major and Two Minor Criteria is Required

| | Case 1 | Case 2 | Case 3 |
|--|--------------|--------------|--------------|
| Major criteria | | | |
| 1. Exposure to an external stimuli (infection, vaccine and/or immune adjuvants) prior to clinical manifestations | + | + | + |
| 2. The appearance of 'typical' clinical manifestations; | | | |
| Myalgia, muscle weakness | - | - | Not reported |
| Arthralgia and/joint pain | + | - | - |
| Chronic fatigue, un-refreshing sleep or sleep disturbances | + | + | Not reported |
| Neurological manifestations | + | + | Not reported |
| Cognitive disturbances | - | + | Not reported |
| Pyrexia | - | - | - |
| 3. Removal of inciting agent induces improvement | NA | NA | NA |
| 4. Typical biopsy of involved organs | Not assessed | Not assessed | Not assessed |
| Minor criteria | | | |
| 1. The appearance of autoantibodies (antiovarian, anti-TPO) | - | + | + |
| 2. Other clinical manifestations (e.g. amenorrhoea) | + | + | + |
| 3. Specific HLA (e.g. HLA DRB1, HLA DQB1) | Not assessed | Not assessed | Not assessed |
| 4. Evolution of an autoimmune disease (POF) | + | + | + |

Notice that a positive diagnosis for ASIA requires that the individual suffer from at least two major, or one major and two minor, symptoms. All three of these young women suffered from the vaccine-induced ASIA syndrome.

ASIA conditions include Gulf War syndrome, macrophagic myofasciitis, chronic fatigue syndrome, and silicone implant-induced autoimmunity (primarily from silicone breast implants).

The authors point out that the ASIA symptoms:

... are all too easily ignored or disregarded as irrelevant and non-vaccine related not only by patients and physicians, but also by scientists involved in design of vaccine trials. Nonetheless, many ill-defined medical conditions that fall under the ASIA spectrum are frequently disabling and thus of significant clinical relevance.

In other words, although far too many clinicians, doctors, and researchers ignore ASIA symptoms, calling them “irrelevant and non-vaccine related”, the fact is that they most assuredly are associated with severely disabling conditions.

HPV Vaccines and Autoimmune Disorders

The paper then goes on to discuss HPV vaccines and autoimmunity. They point out that the literature currently documents:

... numerous cases substantiating the link between adverse immune reactions and HPV vaccines, including fatal reactions.

They cite the case of a teenage girl who suffered dizziness, paresthesia, memory lapses, excessive tiredness, night sweats, loss of ability to use common objects, intermittent chest pain, and sudden racing heart after HPV vaccination. She died suddenly six months after the third Gardasil vaccination. The autopsy was unable to identify any toxicological, microbiological, or anatomical cause of death. However, investigations by a researcher showed that blood and spleen had been contaminated with HPV-16 L1 gene DNA fragments, which corresponded with ones fragments found in Gardasil vaccine vials from different lots. The authors conclude:

These findings suggested that the quadrivalent HPV vaccine was indeed the most probable causal factor in this particular case. Specifically, the HPV DNA fragments detected in Gardasil vials appeared to be firmly bound to the aluminium adjuvant used in the vaccine formulation and thus likely protected against enzymatic degradation by endogenous nucleases.

The authors then point out that HPV vaccination has been associated with several autoimmune diseases, including Guillain-Barré syndrome, demyelinating neuropathies, systemic lupus erythematosus, pancreatitis, vasculitis, thrombocytopenic purpura, and autoimmune hepatitis. The most common autoimmune disorders associated with HPV vaccines are neurological in nature.

After a brief discussion of several well-documented cases of neurological autoimmune disorders post-HPV vaccination, the authors state:

Indeed, Gardasil appears to have failed to meet a single one of the four criteria required by the FDA for Fast Track approval. [Emphasis mine.]

Non-Assessment of HPV Vaccine Safety

Several ingredients in the two HPV vaccines are known to be a problem. One is the use of the microbe *Saccharomyces cerevisiae*, common yeast, as the medium in which the Gardasil antigen is developed. *S. cerevisiae* is known to trigger autoimmune response, as discussed recently in [Yeast in Vaccines Tied to Autoimmune Diseases](#). Cervarix, though, was produced with a different medium, *Trichoplusiani*.

The two vaccines, Gardasil and Cervarix, are distinctly different in another way. Gardasil contains a single adjuvant, aluminium hydroxyphosphate sulphate, while Cervarix utilizes a combination of aluminum hydroxide and the oil-based monophosphoryl lipid A.

These differences, since they involve the hyper-activation of the immune system and a known trigger for autoimmune disorders in only one of the vaccines, suggest that a recent study's finding that there are no adverse effects whatsoever in either vaccine beggar belief.

The authors note that there are important biases in the study:

- Only women who had been vaccinated with at least one dose were included, “thus making this particular population less sensitive for the detection of serious adverse reactions (given that such events occur with much lesser frequency when fewer doses of the vaccine are administered).”
- The autoimmune disorders that were the focus of the study were rheumatological, autoimmune disorders, and neurological/ophthalmic. Yet, not a single doctor who screened the participants was involved in any of those fields!
- The Safety Review Committee failed to consider that “autoimmune manifestations may be non-specific and not fitting a well-defined autoimmune condition yet severely disabling.”
- The study was funded solely by Merck, which manufactures Gardasil, and all of the authors had financial ties to Merck.

Most significantly, in every clinical trial evaluating safety for both Gardasil and Cervarix, the so-called placebo groups were given injections that included an active aluminum adjuvant!

Though this is a common practice in vaccine trials, it is obviously a blatant means of biasing the results.

Can it be any wonder that these researchers have concluded that there is no evidence base to document the safety of either Gardasil or Cervarix? Clearly, any doctor who genuinely cares for patient safety must treat this lack of safety evidence as condemnatory of the HPV vaccines. As the authors state in their conclusion:

Given that persistently infected women with HPV seem not to develop cancer if they are regularly screened and that the long-term clinical benefits of HPV vaccination are still a matter of speculation, a more rigorous assessment of vaccine risks and benefits is recommend[ed]. Thus, physicians should remain within the rigorous rules of evidence-based medicine, to adequately assess the risks versus the benefits of HPV vaccination.

There is no legitimate reason for pushing these vaccines in the face of strong evidence indicating severe debility and even death induced by HPV vaccines, combined with a lack of evidence of efficacy.

Reference:

- [Human Papilloma Virus Vaccine and Primary Ovarian Failure: Another Facet of the Autoimmune/Inflammatory Syndrome Induced by Adjuvants](#); *American Journal of Reproductive Immunology*; Colafrancesco S, Perricone C, Tomljenovic L, Shoenfeld Y; doi: 10.1111/aji.12151.

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