

September 5, 2007

The Honourable Tony Clement  
Minister of Health  
House of Commons  
Ottawa, Ontario  
K1A 0A6

Re: Mass Gardasil Vaccination Programs

Dear Minister:

On behalf of the National Council of Women of Canada, I am writing to state our very great concern over proposed Gardasil mass vaccination programs for young school girls.

Apparently, most provinces in Canada have signed on to the mass inoculation of our young girls. The August 27<sup>th</sup> issue of Macleans magazine refers to this as "the biggest science experiment in decades. They will be guinea pigs." During the last several decades, many drugs which were previously thought perfectly safe have been found not to be.

Merck Frosst Canada Ltd., based in Montreal, says that its vaccine is approved for females between 9 and 26 years of age. The Canadian Women's Health Network states that "research on safety and effectiveness conducted to date includes relatively few girls in the younger age category, so current safety data may not be applicable to them." ([www.cwhn.ca](http://www.cwhn.ca))

Cancer prevention is a topic that pushes all our buttons, but we have to be logical and pragmatic and not swayed by fear.

**The facts** are that there are over 100 types of the sexually transmitted human papillomavirus or HPV and Gardasil only prevents infection from HPV types 6 and 11 which cause genital warts and HPV types 16 and 18 which cause cancer. The Canadian Women's Health Network state that most women who get an HPV infection **do not** develop cervical cancer, which is responsible for the deaths of about 400 women each year in Canada. They state that if the HPV vaccine is covered by our Medicare system this would be a huge cost and that using public funds to ensure that all women have

regular Pap tests might be more effective. Cervical cancer is 90% preventable with regular screening (Pap tests) and treatment.

**The facts** are that this vaccine needs three injections over a six-month period, and it is not known conclusively if this is good for a lifetime. Some experts state that re-inoculation may be needed in five years' time.

**The fact** is that there is no situation of epidemic proportions, and there has been no significant public demand for this treatment.

**The facts** are that the American Merck Gardasil website states: "Gardasil may not fully protect everyone and does not prevent all types of cervical cancer, so it is important to continue regular cervical screenings. Anyone who is allergic to the ingredients of Gardasil should not receive the vaccine. ... Only a doctor or healthcare professional can decide if Gardasil is right for you or your daughter."

The Canadian Women's Health Network states: "Until we know more about long-term safety and duration of effectiveness of the Gardasil HPV vaccine, as well as about how effective it actually is in reducing cervical cancer rates, health care dollars may be better spent in enhancing Pap screening programs (including Pap registries), and reaching the most marginalized populations (poor women, new immigrants, Aboriginal, rural and remote women) with Pap screening." ([www.cwhn.ca](http://www.cwhn.ca))

We would like to be assured that the licensing of Gardasil been based solely on scientific evidence from research carried out by internationally respected scientists within the Health Protection Branch, and that the Government of Canada and Health Canada supported the precautionary principle in the evaluation and licensing of Gardasil.

Sincerely,

Karen Dempsey  
President, NCWC