

On Guard: Gardasil

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Until recently, most people had never heard of the human papillomavirus (HPV). But in June, 2006, when the US Food and Drug Administration (FDA) announced that it had granted approval to a new vaccine called Gardasil, public awareness of HPV began to grow. Gardasil, manufactured by the drug company Merck, is a vaccine that protects against four specific strains of the human papillomavirus, two of which are associated with genital warts and the other two with the development of cervical cancer.

Once Gardasil was approved, Merck began an intense media campaign to raise public awareness - and public fear - of HPV. The campaign was cleverly targeted at the parents - but particularly the mothers - of young girls, with the aim of igniting acute concern about cervical cancer. Mothers who felt that their daughters were at risk of a potentially deadly viral infection would rush to get their daughters vaccinated with Gardasil, and would pressure their elected representatives to include Gardasil in the panel of vaccinations that are required for school entry.

Fear is a powerful incentive, as Margaret McGlynn, Merck's president for vaccines, clearly understands: "Each and every day that a female delays getting the vaccine there is a chance she is exposed to human papillomavirus," she said, in an interview with the New York Times.

Merck's campaign was highly successful. On February 7th, Rick Perry, the Republican governor of Texas, signed an executive order making vaccination with Gardasil mandatory for all 11- and 12-year old girls entering the Texas public school system from this coming September onwards.

If HPV were a clear threat to public health, if there were no other means of preventing cervical cancer, and the lives of tens of thousands of our youngsters were at imminent risk of a virulent contagion, rushing to vaccinate as many children as possible might make sense. But we are not talking here about a rampant contagion which is cutting short the lives of children, and for which there is no other defense except vaccination. Neither are we talking about a vaccine that is tried and trusted: Gardasil has only just been approved, and the maximum follow-up time so far is just 4 years. We simply have no idea what the safety profile and adverse reaction rate will be when the vaccine is given to vast numbers of young people over a protracted period.

In short, there are enormous and troubling questions still surrounding Gardasil, and until those questions are answered – by science, not by public relations campaigns – then pushing to make the vaccine mandatory is an affront to the principles of informed consent.

In the past few months I have received literally dozens of requests to write about Gardasil and the controversies surrounding it. This week I am pleased to announce the launch of a newly completed full-length report on the subject – On Guard: Gardasil. This report, another in our expanding Current Topics series, can be purchased for \$9.95 and downloaded directly from our Web site by clicking here.

I urge you to read this report. The issues it raises concern all of us, not only those who are the parents of school age daughters. When enforceable social policy measures are made with such extraordinary haste in the absence of any clear and immediate threat to public health, one has to ask for whose benefit have these measures been taken? Will children really be the beneficiaries of this policy, as the public relations experts have cast it – or is it Merck which stands to reap the rewards?