



Canadian Alliance to Support Immunization  
Alliance Canadienne pour l'Immunisation

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Monsieur Antoine Robitaille  
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Dear Mr. Robitaille,

The opinion [article](#) published Monday authored by Geneviève Rail, Luisa Molino and Abby Lippman irresponsibly calls for a moratorium on Quebec's successful human papillomavirus (HPV) vaccination program. This vaccine program prevents infection by a virus that can lead to a number of cancers; cancers that can be fatal. The vaccine also prevents most forms of genital warts, which significantly affect quality of life.

The success of the Quebec HPV vaccine program is clear : It has significantly diminished the four targetted strains of hte HPV virus and in addition it has reduced by 50% the incidence of genital warts in women under the age of 20.

This is certainly not the moment to suspend the program! Nevertheless, the article authored by Rail and her colleagues urgently calls for such a moratorium based on arguments that are simply false.

First, the article claims the consent form does not state the safety profile of the vaccine. But the Quebec Ministry of Health pamphlet correctly states that allergic reactions might follow and that these are very rare.

Second, the article by Rail and colleagues falsely states that there is no reliable longitudinal research on the safety of the HPV vaccine. More than 72 million people have been vaccinated against HPV. A recent review of more than 15 studies involving over 1 million individuals reported that the Gardasil vaccine is generally safe and well tolerated, and that only an episode of fainting seemed associated with vaccination, which is neither surprising nor worrying given the age at which the vaccine is administered. The vaccine was [reviewed](#) by the World Health Organization in 2013 and determined to be safe.

Third, the authors confuse coincidence with causation when they suggest that there are serious problems and death associated with HPV vaccination. Such confusion is obvious in this example: after HPV vaccination, some people might

have won a major scholarship or the lottery. Does this mean the vaccine *caused* the award or the win? Hardly. To attribute devastating – but natural - occurrences to a vaccine requires evidence of causation, not evidence of coincidence.

Reported side effects continue to be collected and monitored. Researchers studied the databases globally after more than half a million doses of Gardasil had been administered. The only serious - and very rare - side effect of HPV vaccines that they identified was allergic reactions.

The authors falsely accuse Canada and Québec of operating a post vaccination surveillance that is deficient. But on the contrary, Canada's post marketing surveillance system is one of the best in the world. They also identified fainting. Public health officials who continue to monitor these databases have not found evidence of any other serious side effects.

The authors also make the callous argument that addressing HPV infection is a false priority. HPV infection causes nearly all cervical cancers, and cancers of the vulva, vagina, penis, anus, and throat. HPV infections in Canada annually result in 85,000 physician consultations for genital wart infections, 1,450 newly diagnosed cases of cervical cancer and 106,000 patients with cervical lesions that require expensive, painful treatment that can cause infertility and premature birth. In Québec, every year approximately 53,000 femmes have an abnormal pap test result which necessitates follow up care or treatment. In Canada, 380 women die from cervical cancer every year, many of them in the prime of life. HPV infections are a very real threat to the health of Québécois.

The authors claim correctly that most people's bodies can clear an HPV infection without medical intervention. But that is hardly an argument against vaccination because some people will *not* clear the infection, which can have serious health consequences.

And then the authors make the fallacious argument that the vaccine has not been demonstrated to prevent cancer. Cancer takes a long time to develop – longer than the vaccine has been available. The vaccine has been demonstrated to prevent the infection that causes the cancer, and consequently the relevant cancer itself.

The authors incorrectly state that the Gardasil vaccine is not effective in reducing the overall incidence of precancerous lesions of the cervix. We now know that the vaccine prevents infection for at least 8 years after vaccination.

Finally, the authors wrongly claim that the vaccine was hastily approved before the safety and efficacy studies were completed. Gardasil was licensed in Canada only after its safety was studied in clinical trials with more than 29,000 participants.

It would be very unfortunate and unreasonable for readers to doubt both the scientific evidence and the recommendations of the National Advisory Committee on Immunization, the Québec Immunization Committee, the Canadian Medical Association, the Society of Obstetricians and Gynaecologists of Canada, the College

of Family Physicians of Canada, the Canadian Paediatric Society, the Canadian Pharmacists Association and the the Canadian Cancer Society.

The evidence is very clear that the risks associated with HPV infection are very much greater than the risks associated with vaccination. We hope Le Devoir readers will continue to rely on evidence-based public health recommendations to help protect all members of our families from cancer.



(Please reply to [can.immunization@gmail.com](mailto:can.immunization@gmail.com))

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