



*The following points are to help you to formulate your own talking points and letters. This document is not for giving directly to legislators.

AB 659: Mandates the HPV Vaccine for 8th Graders **Arguments to Oppose the Bill**

PERK greatly supports AB 659's authors effort to prevent cancer. However, we see no possible way to support such an effort while it ignores parental rights, disregards the religious liberties of families, and suggests that mandates are an acceptable leverage to children's right to an education in California. We are asking the member to Abstain from voting on AB 659 until the HPV vaccine mandate is removed and the sole intent of the bill is insurance based.

Assembly Bill 659: "This bill, the Cancer Prevention Act, would add human papillomavirus (HPV) to the above-described list of diseases for which immunization documentation is required. The bill would specifically prohibit the governing authority from unconditionally admitting or advancing any pupil to the 8th grade level of any private or public elementary or secondary school if the pupil has not been fully immunized against HPV. The bill would clarify the department's authority to adopt HPV-related regulations for grades below the 8th grade level."

Reasons to remove HPV vaccine mandate in AB 659:

1. Existing California law makes access to the HPV vaccine easily and readily available without parental consent or knowledge.

California already has 2 HPV policies:

1. Children currently learn about HPV at school with the required sex ed curriculum, AND
2. California reproductive rights laws allow 8th graders/minors 12 and older to consent to the HPV vaccine, medical diagnosis, and treatment for sexually transmitted infections without parental knowledge or consent. (SB 158:Weiner)

Furthermore, California has policies for prevention education and access that appear to be effective based on rising HPV vaccination rates without mandating the vaccine for school enrollment. With a current HPV vaccination rate of 75% for adolescents without a mandate, the insurance portion of this bill will also expand access.

There are more effective approaches to prevent the spread of HPV and lower the rate of cancer. Public health officials have long recommended the Pap test (also known as Pap Smear), which detects abnormalities in cervical tissue, and HPV DNA testing, as the most effective frontline public health response to the disease.

2. To ensure a robust and diversified student population, the focus should be on minimal requirements for school enrollment.

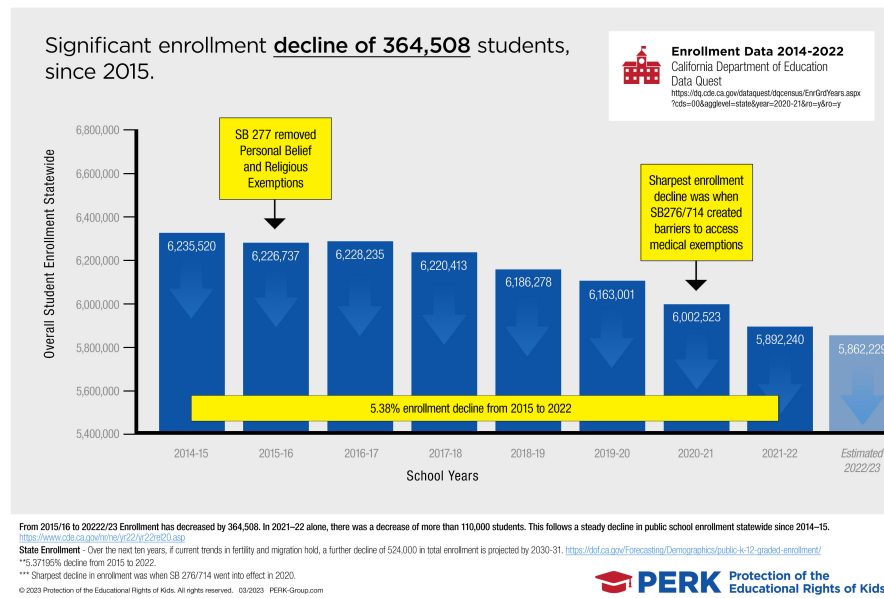
HPV is not transmitted in a classroom setting and an HPV vaccine mandate is not necessary to be safe at school. School is compulsory and must be easily accessible for all children in California. Required Vaccine policies with limited exemptions have placed barriers for tens of thousands of students to attend public and private school. These type of medical intervention mandates take choice from parents, while adding distrust and skepticism to our education system.

Access rather than mandates support vaccination rates without risk of further impacting the enrollment rates. Mandated vaccinations and removal of exemptions has been a contributing factor for a concerning decrease in school enrollment since the 2014-2015 school year. Enrollment rates across the state have been in decline since the 2014-2015 school year, losing over 300,000 students in less than a decade. Working to improve cancer prevention without creating additional requirements for school enrollment is a priority.

Vaccination Laws currently eliminating exemptions:

- SB 277 (2015) Eliminated Personal and Religious Belief exemptions to immunization.
- SB 276 (2019) Made the Medical Exemption unattainable for vaccine vulnerable families.

Removal of Personal Belief/Religious Exemptions Have Contributed to Enrollment Decline



3. Cancer prevention should not be a requirement for school enrollment.

A mandate to protect yourself from cancer is not a necessary requirement for children to participate in school when the HPV Vaccine manufacturer clearly states this vaccine DOES NOT PREVENT all HPV related cancer nor provides protection in ALL recipients. AB 659 “Cancer Prevention Act” directly contradicts the Vaccine manufacturers own fact sheet.

- It's not completely accurate to say that Gardasil is a vaccine for cervical cancer. The drug doesn't work against the cancer itself. Instead, it is used to prevent the infection of the types of HPVs that can lead to cervical cancer. This claim is based on assumptions, rather than data. <https://journals.sagepub.com/doi/10.1177/0141076819899308>
- “GARDASIL” has not been demonstrated to provide protection against disease from vaccine and non-vaccine HPV types to which a person has previously been exposed through sexual activity. (1.3, 14.4, 14.5)

- Not all vulvar, vaginal, and anal cancers are caused by HPV, and GARDASIL protects *only against those* vulvar, vaginal, and anal cancers caused by HPV 16 and 18. *More than 190 HPV strains are unaddressed by the vaccine.* (1.3)
- Vaccination with GARDASIL may not result in protection in all vaccine recipients. (1.3)*
- Merck’s clinical trials of Gardasil did not test whether HPV vaccines prevent cervical, anal, or other cancers. Instead, Merck tested the vaccines against development of certain lesions, which some researchers suspect are precursors to cancer, although the majority of these lesions – even the most serious – regress on their own. **
<https://pubmed.ncbi.nlm.nih.gov/29285261/> <https://www.semanticscholar.org/paper/Impact-of-improved-classification-on-the-of-human-Castle-Schiffman/2acda53148e899d6264cf5d572dec992c5153974>
<https://pubmed.ncbi.nlm.nih.gov/29487049/>
 The researchers found that the vaccine’s phase 2 and 3 trials were not designed to detect cervical cancer, which takes decades to develop.
<https://journals.sagepub.com/doi/10.1177/0141076819899308>
- The prevalence of high-risk non vaccine types was higher among vaccinated women than unvaccinated women (52.1% vs 40.4%, prevalence ratio 1.29, 95% CI 1.06–1.57), but this difference was attenuated after adjusting for sexual behavior variables (adjusted prevalence ratio 1.19, 95% CI 0.99–1.43). <https://pubmed.ncbi.nlm.nih.gov/26376014/>
- There are 30 known high-risk HPV strains, but the vaccine only targets two. Only 3.4% of women are infected with any one of the HPV strains in Gardasil, that number significantly decreases to 1.5% when considering only the high-risk strains.
<https://jamanetwork.com/journals/jama/fullarticle/205774>
<https://www.fda.gov/files/vaccines,%20blood%20&and%20biologics/published/Package-Insert---Gardasil.pdf>
 **See, e.g., [Jin Yingji et al., Use of Autoantibodies Against Tumor-Associated Antigens as Serum Biomarkers for Primary Screening of Cervical Cancer, 8 ONCOTARGET 105425 \(Dec. 1, 2017\);](#)
[Philip Castle et al., Impact of Improved Classification on the Association of Human Papillomavirus With Cervical Precancer, 171 AMERICAN JOURNAL OF EPIDEMIOLOGY 161 \(Dec.10, 2009\);](#)
[Karoliina Tainio et al., Clinical Course of Untreated Cervical Intraepithelial Neoplasia Grade 2 Under Active Surveillance: Systematic Review and Meta-Analysis, 360 BRIT. MED. J. k499 \(Jan. 16, 2018\).](#)

(HIGHLIGHTED INSERT FROM GARDASIL BELOW)

<p>HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use GARDASIL safely and effectively. See full prescribing information for GARDASIL.</p> <p>GARDASIL® [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant] Suspension for intramuscular injection Initial U.S. Approval: 2006</p>	<ul style="list-style-type: none"> ● Not all vulvar, vaginal, and anal cancers are caused by HPV, and GARDASIL protects only against those vulvar, vaginal, and anal cancers caused by HPV 16 and 18. (1.3) ● GARDASIL does not protect against genital diseases not caused by HPV. (1.3) ● Vaccination with GARDASIL may not result in protection in all vaccine recipients. (1.3) ● GARDASIL has not been demonstrated to prevent HPV-related CIN 2/3 or worse in women older than 26 years of age. (14.7) <p>----- DOSAGE AND ADMINISTRATION -----</p>
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4. Unlike other required vaccines, the HPV vaccine is the subject of more than 77 pending cases of current litigation for adverse reactions in teens, including allegations of fraud, fraudulent marketing, misrepresentation of safety and effectiveness.



There have been 59,831 serious adverse events including death. Considering that there is only 1 HPV vaccine available, and it is under scrutiny in the courts, *this is not a good candidate for a statewide mandate.* The law offices of Wisner Baum LLP, who represent hundreds of Gardasil injured girls and boys stated:

“Hundreds of young women and men across the United States are filing lawsuits against the manufacturer of Gardasil (Merck) claiming Gardasil caused them to suffer serious life altering side effects, including death. Several cases are pending in various California state courts, and the Judicial Panel on Multidistrict Litigation recently consolidated all federally filed Gardasil cases before one judge in North Carolina.”

5. **Religiously held beliefs.**

If a family has religious reasons to decline the HPV vaccine, there are no current adequate exemptions that would allow them to exercise their first amendment rights and respect their sincerely held religious beliefs.

6. **EQUITY AND INCLUSION.**

Vaccine Mandates create exclusionary guidelines, which are counterproductive to the premise of *equity for all*. This is especially important regarding consideration of an HPV vaccine mandate since there are no concerns of spread in a classroom setting, and cancer prevention is not a necessary requirement to attend school. California must strive for least restrictive policies to ensure diversity, equity, and inclusion of all students. Mental health crises are happening to students all over California. Adding this mandate adds an additional pressure for students to be in school post COVID-19 lockdown and will exacerbate the current mental health decline and widen the education gap amongst disadvantaged communities.* <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

7. **Dark money in California politics.**

It seems highly unethical to mandate a medical product that is owned by only one company. Gardasil is owned and patented by MERCK is the only HPV vaccine on the market in the U.S.. This bill will be a direct financial benefit to this company.

8. **The manufacturer of the HPV vaccine, Merck, have a history of using scare tactics and historically provided financial incentives to legislatures to attempt to *make the Gardasil Vaccine mandatory for All School Children.***

Prior to Gardasil’s approval in 2006, Merck was already targeting political figures to aid in the passage of mandatory vaccination laws. In 2021, Merck profited \$5.6 Billion dollars for their HPV vaccine, with another billion-dollar manufacturing investment to ***double their HPV vaccine production*** in 2023. ***Legislators in California need to be very careful when considering what is in the public interest—not Merck’s interest.*** Merck mobilized to push HPV vaccine mandates through dozens of “pay to play” lobby groups, made large contributions to political campaigns and legislative organizations, and gave millions of dollars to Departments of Public Health (such as Maryland \$92 Million dollars). MERCK promoted school-entry mandate legislation while profiting in the billions.

<https://www.fiercepharma.com/pharma/merck-amid-1b-plus-manufacturing-upgrade-adds-150-jobs-support-beefed-hpv-shot-production>
<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2011.300576>
<https://www.amazon.com/HPV-Vaccine-Trial-Generation-Betrayed/dp/1510710809>
<https://www.capitalgazette.com/opinion/columns/ac-ce-column-mazer-20180814-story.html>
<http://www.ncsl.org/default.aspx?tabid=14381>
<https://pubmed.ncbi.nlm.nih.gov/21979129/>
http://www.cnn.com/2011/09/15/opinion/krumholz-beckel-perry-pharmaceutical/index.html?eref=rss_politics&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+rss%2Fcmn_allpolitics+%28RSS%3A+Politics%29&utm_content=Google+Feedfetcher Judith Siers-Poisson, *The Gardasil Sell Job*, in CENSORED 2009: THE TOP 25 CENSORED STORIES OF 2007-08, 246 (Peter Philips ed. 2011).

9. Children with current HPV infection are negatively impacted by HPV Vaccination.

The HPV Vaccine is known to cause autoimmune disorders when given to previously infected people. There are *no prescreening guidelines* that determine if the child is infected prior to receiving the mandatory HPV vaccination. This can lead to consequential harm and negative health impacts.

10. Lack of Medical Exemption access for Vaccine Vulnerable families.

A prior Adverse Reaction to any vaccine, will not grant your child a Medical Exemption under current California Law SB 276.

The AB 659 bill author, Asm. Cecilia Aguir-Curry was recently quoted in a CBS article:

“She pointed out that because this vaccine would be administered years after kids get their MMR shots, they can determine if they have any adverse reactions to the vaccine. With that additional time, parents of vaccine-vulnerable children have plenty of time to take advantage of the medical exemption that is in the bill.” Aguiar-Curry told CBS 8.”

If your child is “Vaccine Vulnerable” they will not be able to “take advantage” of the medical exemption in the bill. This Exemption is extremely narrow i.e. only anaphylaxis for the one particular vaccine. There are no Doctors willing to write Medical Exemptions due to the restrictions placed upon them in [SB 276](#) * There is a drastic disconnection with current state law and the authors understanding of current vaccine exemptions. Under SB 277, any vaccine added to the CA schedule for school is to be granted a “Personal Belief Exemption.” The bill author has only added a Medical Exemption to her bill language, going against what current state law should allow. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB277
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB276
<https://www.cbs8.com/article/news/local/proposed-legislation-would-require-hpv-vaccine/509-3e004468-654f-40c6-87b9-70b1c70e448f>
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB276

11. Current law allows the state’s Department of Public Health to add whatever they deem necessary to the current list of mandated vaccinations for school enrollment. However, they have not raised flags to call for an HPV mandate at all.

12. **California is the first in the nation to mandate HPV vaccination with no personal belief or religious exemptions, only allowing for rare medical exemptions.** Taking one of the most extreme measures in all the nation.

- a. **Washington DC** allows personal and religious belief exemptions.
<https://dcps.dc.gov/page/school-health-requirements>
form:https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/English_HPVOpt-OutforSchoolYear-2122_FINAL_1-28-22.pdf
- b. **Hawaii** offers religious exemptions for all vaccines.
<https://health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/sy-20-21/>
"Children may be exempt from immunization requirements for medical or religious reasons, if the appropriate documentation is presented to the childcare facility or school. Religious exemption forms may be completed at the childcare facility or school that your child will attend."
- c. **Rhode Island** offers a religious exemption and clearly states,
"Note: No student should be excluded from school if he/she is not vaccinated against HPV." <https://health.ri.gov/immunization/for/schools/>
- d. Virginia allows a personal belief exemption, "the parent of guardian, at the parent's or guardian's sole discretion, may elect for the child not to receive the HPV vaccine."
<https://www.vdh.virginia.gov/immunization/requirements/>

High current vaccination rate of 75.1% of adolescents having received an HPV vaccine in 2020¹. This rate is higher than the estimated number of children participating in sexual behavior². 69.0% were fully vaccinated in 2021, a 20% increase in the number of fully vaccinated adolescents since 2016³. California is over 7% higher in rate of HPV vaccination than the US as a whole³. HPV vaccination rates show an annual increase since it was noted at only 53.0% in 2011⁴. Furthermore, California already has policies for education and access that appear to be effective based on improving rates.

A Better Solution for Cervical Cancer Prevention:

1. Amend AB659 to remove sections 3 & 4, focusing solely on the insurance portion of the Cancer Prevention Act.
2. Improve the state's current policies regarding HPV education and access to HPV infection prevention and treatment plans.

OUR ASK: We ask that you VOTE NO on AB 659 until the mandate is removed from the bill and make the sole intent of the bill insurance expansion. There is no immediate urgent need for a HPV vaccine mandate when it is easily accessible for families and children.

Sources:

AB659 https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB659

SB277 https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB277

SB276 https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB276

HPV Rates: https://www.cdc.gov/mmwr/volumes/70/wr/mm7035a1.htm#T1_down

Gardasil: <https://www.fda.gov/files/vaccines,%20blood%20&%20biologics/published/Package-Insert---Gardasil.pdf>

School rates: <https://www.cde.ca.gov/nr/ne/yr22/yr22rel20.asp>

Adverse Reactions: <https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=2BF198235C886EEFF760EEF7672A>

Abstinence: <http://www.ampartnership.org/most-students-choose-abstinence/>