THE HPV VACCINE MYSTERIES - MUST READ

BY Janine Roberts

WHY IS A NOBEL AWARD BEING GIVEN FOR THIS ON DECEMBER 10TH?

There are two licensed HPV vaccines in the world.

Merck makes Gardasil. It contains proteins said to come originally from four different types of HPV. By early 2008 over 10 million doses had been distributed, three-quarters of these in the USA. It is thought to be earning the company over $1 billion a year – at $360 a course of three injections, far more than is charged for the common vaccines The other is Cervarix, made by Smith Klein Beecham, which is not yet licensed for use in the USA (as of May 2008). It contains proteins said to come from 2 different types of HPV. Both vaccines contain aluminium adjuvants. Both manufacturers recommend that women are still regularly scanned for cervical cancer – thus the vaccine does not save costs. In fact these scans give women far better protection than does the vaccine.
On December 10th, a Nobel Prize will be awarded for finding HPV and proving its link to cervical cancer to Dr Harad zur Hausen. However this is a missing link in this – for he failed to find a way to persuade cells to make his virus.

"THE VACCINE WITHOUT A VIRUS."
Measles, mumps, rubella, and polio – all the usual childhood vaccines are produced from cell cultures – for viruses are products of cells. But there is something very different about the HPV vaccines. Unlike all the usual vaccines, they do not contain any virus.
Extraordinarily, at no point during vaccine production is the HPV virus claimed to be present. The reason for this is very simple. So far scientists have failed to persuade any cell culture to produce this virus, even cultures made of cervical cancer cells. A statement by the International Agency for Research on Cancer reported that this type of virus, the papillomaviruses (HPV), "cannot be propagated in tissue culture." So far this virus is only said to be produced by 'cloning" – i.e. by being made in a laboratory.
Rather these vaccines are the product of a new synthetic vaccine industry based, not on isolating viruses, but on reproducing short lengths of genetic codes postulated to come from proteins that once formed the outer coat of the virus that is not itself found for the vaccines. Extremely sensitive new tests, variants of a laboratory tool called PCR or Polymerase Chain Reaction, make it possible to study very small fragments of genetic code found among broken up cellular material. In this case, what are searched for are fragments of codes for certain protein molecules. These are presumed to come from the outer coating of HPV – and the vaccine is based on manufactured versions of these proteins.
They seem to assemble naturally into "virus like" empty shells and are thus known officially as "Virus-Like Particles' (VLP), even thou' this is like calling a brick a house. To make Gardasil, these are put into cells and multiplied in yeast cell cultures, or in baculovirus cultures for Cervarix. Fluid from the culture containing these particles is then used as the vaccine. The vaccines are thus certain to contain many particles from the yeast fungi or baculovirus, and whatever additives are used - and thus Gardasil is not officially recommended to those who are sensitive to yeast.
The HPV vaccines have then added to them aluminum chemicals as an 'adjuvant'. This is to provoke our immune cells into producing antibodies for longer – although it has recently been discovered that many people have become seriously ill because of this aluminum. 1 The aluminium is in the form of tiny sharp needle-like crystals. These our immune cells attempt to digest, but they cannot. The needles remain stuck inside. No wonder our cells respond for longer.
MAKING A VACCINE FOR AN ABSENT VIRUS
Why is HPV virus thought to cause this cancer? It seems only because Harald zur Hausen found certain genetic codes in or near the cervical cancer cells; for, in about 90% of cases, 'DNA and transcripts of specific HPV types are regularly detected in biopsies from cervical cancer and in its precursor lesions.'
He presumed these codes were from proteins that were unique to this virus. We have to say, "presumed," as most viruses have not yet been studied so logically it is impossible for us to be certain that a protein is unique to any virus. Also, finding them in these cancer cells does not mean that they cause the cancers. The cells may produce them for other purposes
Thus, because this virus cannot be grown, the vaccine is instead based on 'Virus-Like

Particles;' made from synthetic versions of proteins said to be parts of HPV. In reality, human skin cells make these proteins – but these same cells have not confirmed their ability to make HPV itself by doing so in the laboratory. This makes it near impossible to prove that these proteins come from this virus.

The 'P' of HPV stands for papillomavirus. This is described as containing a double strand of circular DNA 8 kb long. So far some seventy different proteins thought to come from variants of this virus have been found in human tissues, and some 20 in animals. It seems that they are "highly host specific" meaning that they do not move between animal species.

Where are the genetic codes identified as papillomavirus found? Van Hausen did not find them in viruses produced in cell cultures, not in isolated viruses, but in the human genome, the most protected part of our cells. He did not find there the whole code of his virus, but only part of the code. He postulated from this that the virus must exist and must have transported this code to our cell. But it is hard to distinguish these sequences from our normal DNA, as they seem to be in nearly all of us.

PCR tests suggest nearly 80% of healthy human adults in the USA have these proteins, meaning their cells make them, but far less than 1% of women get cervical cancer, suggesting the proteins normally do not cause cancer. Furthermore, an antibody test for the virus has also proved difficult to develop as 'antibodies to early HPV proteins have also been detected in patients with HPV-associated diseases as well as in healthy individuals.'

So, why were these proteins linked to the cancer? Some HPV scientists say these proteins might affect a normal protein found in cells called p53 that helps protect us from cancers. "The E6 protein (one thought to come from a certain form of HPV) binds to p53 and this interaction results in a decrease in the half-life of p53 within cells," but this is very much an argument from association. There seems to be less p53 in circumstances where this protein is present. This does not prove that one causes the other.

These proteins were presumed pathogenic after an experiment in which these proteins (not the virus) 'were transiently transfected into HeLa Cells'. The cells that died after this were counted. Their death rate went up by 'about 5%.' HeLa cells are malignant human cervical cancer cells. If they died after these proteins were added, surely this might indicate why our cells make these proteins when threatened by cervical cancer – it seems far more likely that they do so to protect us by destroying cancer cells, not to cause them!

Many retroviruses are similarly reported to have strong anti-tumour effects. It has been suggested that cells use retroviral particles to transport genetic codes that the damaged cells can use to repair themselves – or to induce apoptosis, natural death, in the damaged cells as is suggested by this HeLa experiment.

The question is then, why do our cells make the "HPV" proteins? Why do nearly 80% of adult western females have them without getting cancers? 'By age 50, approximately 80% of U.S. women have or have had a genital HPV infection.' So why do most of us have these proteins - when nearly all of us never get cervical cancer.

It seems that the entire focus of research up until now has been on discovering if these proteins might cause diseases – not on discovering if they might be valuable to us in some way – such as protecting women from cervical cancer.

If this is so, then there is utterly counterproductive to take a vaccine aimed at making our bodies produce antibodies against these proteins, for if this were achieved, it would create an autoimmune disease for it would make the body attack itself.

Viruses are made by cells in many variants, making it extremely difficult to classify then into species like 'HPV.' A viral species is allowed to contain particles with up to 20% differing genetic codes – despite there being less than a 5% difference between the genetic codes of a chimpanzee and a human. The difference within viral species is so great that it is questionable if these are true species.

As for these proteins, they are identified in the lab by finding very short and hopefully unique segments of their genetic codes, as follows: (These letters are sequences of 4 nucleotides.)

HPV-16 type-specific sequencing primer 5'-GCTGCCATATCTACTTCAGA-3'
HPV-18 type-specific sequencing primer 5'-GCTTCTACACAGTCTCCTGT-3'
HPV -6 type-specific sequencing primer 5'-GTGCATCCGTAACTACATCTT-3'
HPV -11 type-specific sequencing primer 5'-GTGCATCTGTGTCTAAATCTG-3'

But the same paper also says that the "majority of multiple HPV infections are transient", "vary among patient populations and are influenced by the stage of carcinogenesis " and that "in 93% of initially infected women, the same viral type is not detected upon re-examination four menstrual cycles later," In other words, the proteins thought from HPV do not stay the same in the cervical cancer patients. Is this because waves of different HPV viruses are attacking – or because cells make different types of these proteins according to needs?

An earlier paper by Peter Duesberg et al reported: "no subset of viral DNA is consistently found or expressed in HBV-positive tumors. Only 11-19% of tumors in HBV positive patients

express some viral antigens, compared to 26-61% expressing them in surrounding nontumorous tissues"9 Again, this could be explained if these proteins are there to protect.

However despite this theory, after spending many millions of dollars trying to prove this virus is the cause of these cancers, most of the scientists in the field have been forced to conclude that this virus by itself cannot be the cause of cervical cancer. They have had to look instead for a toxin or other factor that triggers the cancers.

SO – WHAT IS THE MAJOR CAUSE OF THESE CANCERS?

It has now been found that: 'HPV infection alone is not sufficient to cause cervical cancer. Host, environmental, and virological co-factors clearly exist that influence the risk of progression from HPV infection to cervical cancer. Factors that may influence progression of HPV infection to cervical cancer include young age, immunosuppression, smoking, and co-infection with herpes simplex virus or Chlamydia trachomatis.'

It was also reported: 'The long latency period between primary infection and cancer emergence suggests that additional factors are involved in the process of tumor development: sexual behavior, immune status, genetic predispositions, nutritional status, tobacco use, socioeconomical level.'

The above-cited International Agency for Research on Cancer also reported: 'The effects of chemical or physical carcinogens on progression of papillomavirus-induced lesions have been documented in a number of studies.'

Why cannot the virus be easily blamed for the cancer? Because the cancer develops over a decade, or even longer, after the presumed exposure to the virus, making a causal link hard to establish. 'Progression from HPV infection to invasive cancer is usually a slow process, taking 10 to 15 years.' Given this, and that the vaccine development only started around 2000, surely the efficacy of the vaccine in preventing this cancer cannot yet be known?

What then is the major cause of cervical cancer? Is it the co-factors – or these codes and proteins? I would suggest that it is more likely to be the co-factors, particularly toxins – as toxins are widely implicated in other human cancers – such as asbestos in mesothelioma and tobacco in lung cancer. In a safety vaccine trial in Utah, women who smoked were found have a 3.42 times greater risk of developing cervical cancer than had women who had little exposure to tobacco smoke. Also, women whose diets were high in vegetables had half the risk of getting cervical cancer.

Incidentally, the PR firm used by Merck used to help it get rapid licensing for this vaccine and to persuade governments to make it compulsory with a 'celebrity-led' campaign, is Edelman, the same company that has worked hard to protect cigarette companies from legislation against tobacco smoke.

It has been suggested that 'the long-term use of chemical-based feminine hygiene products might alter the normal bacterial environment in the uterus that protects it, which in turn induces pre-cancerous lesions.' Douches designed to kill bacteria, may well damage other cells as well. Toxins accumulate in body tissues, and may eventually reach critical levels. This could explain why the highest mortality rate from cervical cancer is in the 75-79 age group.

So – does HPV vaccine lessen our chances of getting this cancer? If the virus is present in many healthy people it seems unlikely it to be the cause. If the 'co-factors' are the main causes, then a vaccine cannot give us immunity. It has also to be said that the vaccines have not yet been proved to work– as the cancer takes 10 – 60 years to appear and the vaccines have not been tested for more than a few months.

HPV VACCINE SIDE EFFECTS

The safety trials on which Merck are relying to prove their vaccine is safe were only over a period of about 18 months with children and four years for older children and adults, far less time than it may take a cervical cancer to develop. Furthermore the control group were given a "placebo" that contained the same aluminium adjuvant as is in the vaccine, making the results unreliable as the control group could contain many who reacted against this aluminium hydroxide.

Merck also warns that its vaccine is not for women who are "already infected" with one or more of the 4 proteins it guards against. Adding more of these in synthetic forms through vaccination is highly hazardous. It is reported to increase the risk of precancerous cervix lesions by 44.6%! `It is reported that "injection of HPV vaccines into women who have concurrent vaccine-relevant HPV type infections may increase the risk, by 44.6%, of developing high-grade precancerous lesions in the cervix."

Of course, it is very difficult to tell if any of these proteins are present – near impossible in practice as no one looks for them prior to vaccination. Thus are we endangering people by using it on people who have not been tested for these proteins. This suggests that the added synthetic proteins upset the body's natural process of protection against these lesions. Merck seems to have no explanation for this at all.

It's safety trials have also shown that the arm muscles, into which it is injected, react

against it with some strength. Pain, swelling, itching, bruising and inflammation are reported to be frequent. MS, Chronic Fatigue Syndrome and severely disabling muscle pains have been linked to the aluminium adjuvant used. One possibility is that the cause might be sometimes contaminants such as free DNA fragments – as these are reported by senior UK and US vaccine scientists to be possible causes of cancer and autoimmune diseases.

Merck itself warns that its vaccine

1. "Has not been evaluated for the potential to cause carcinogenicity or genotoxicity." (In other words, Merck cannot guarantee that it will not cause cancers.)
2. "The safety and efficacy of Gardasil have not been evaluated in children younger than 9 years" – or "in adults above 26 years." (Most cervical cancer cases are in women above 35.)
3. "The administration of Gardasil with other vaccines (other than Hepatitis B) has not been studied.'
4. "It is not known whether GARDASIL can cause fetal harm when administered to a pregnant woman or if it can affect reproductive capacity."

Because of the lack of testing in older women, the FDA on June 25, 2008 denied Merck's application to market Gardasil to women ages 27-45.

Dr Diane Harper, who helped develop this vaccine, said on CBS television news on 7th May 2008 that making the vaccine compulsory was wrong as "the vaccine has not been out long enough for us to have post-marketing surveillance to really understand what all the potential side effects are going to be." Since June 8th, 2006, when this vaccine was approved for use in the USA, over 8,000 possible side effects have been reported, including 18 deaths.

One news organization summed it up thus: '"Anaphylactic shock," "foaming at mouth," "grand mal convulsion," "coma" and "now paralyzed" are a few of the startling descriptions included in a new federal report describing the complications from Merck & Co.'s Gardasil medication for sexually transmitted human papillomavirus – which has been proposed as mandatory for all schoolgirls.'

Here are 3 official reports of possible side-effects observed in patients:

'Severe form of Guillain-Barré syndrome after HPV vaccine . . . Respiratory failure with prolonged mechanical ventilation and tracheostomy tube Placement . . . vital capacity deteriorated on day 3 . . . able to move only jaw and eyes.'

Information has been received . . . concerning an approximately 19-year-old female who was vaccinated IM with a first dose of Gardasil. Subsequently, the patient was diagnosed with Guillain-Barré Syndrome and was hospitalized. The patient's Guillain-Barré Syndrome persisted . . . Guillain-Barré Syndrome was considered to be disabling and immediately life-threatening.'

A 18-year-old female patient was vaccinated with the first dose of Gardasil . . . In the evening of the same day she was found unconscious (or liveless) [sic] by the mother. Resuscitation was performed by the emergency doctor but was unsuccessful**, i**.e. the patient finally died . . . The cause of death of this patient remains totally unclear.

Many more such cases remain to be investigated.

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