

Despite HPV Vaccine, Cervical Cancer Rates Keep Rising

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✓ Fact Checked

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STORY AT-A-GLANCE

- › More than 200 strains of human papillomavirus (HPV) have been identified, and about 40 of them can cause cancer, including cervical, penile, oral, vaginal, vulvar and anal cancer. Of these, cervical cancer is the most common type of HPV-related cancer in the U.S.
- › The first HPV vaccine, Gardasil, was licensed in 2006. The vaccine was hailed as a breakthrough that would slash cervical cancer rates, but in the real world, it has largely failed to deliver. The original vaccine contained four HPV strains. The latest version contains nine
- › Since 2006, cancers associated with the four HPV strains included in the original quadrivalent vaccine have declined by 88% among 14- to 19-year-olds and 81% among women aged 20 to 24
- › However, when looking at cervical cancer in general, there's now a "troubling spike" in rates. Between 2001 and 2018, cervical cancer rates have increased by 1.3% per year. The primary cause for this continued rise appears to be because cancers associated with non-vaccine strains are going up
- › Evidence suggests HPV vaccination makes women more susceptible than their nonvaccinated peers to HPV genotypes not covered by the vaccine. So, essentially, women who got the vaccine have traded one risk for another

More than 200 strains of human papillomavirus (HPV) have been identified, and about 40 of them can cause cancer, including cervical, penile, oral, vaginal, vulvar and anal

cancer. Of these, cervical cancer is the most common type of HPV-related cancer in the U.S. Some strains are also responsible for genital warts.¹

Ninety percent of HPV infections resolve on their own without treatment, as a well-functioning immune system will keep the virus in check. In rare cases, however, infection with a high-risk HPV that remains untreated and unchecked may turn into cancer.

In the U.S., 3% of all cancers in women and 2% of cancers in men are related to untreated chronic HPV infection.² Because HPV infection rarely produces symptoms until it has turned cancerous, women are advised to get a Pap smear at least once every three to five years, which will identify the presence of HPV.

HPV Vax Has Failed Miserably to Reduce Cervical Cancer Rates

In 2006, the first HPV vaccine, Gardasil, was licensed; first in Europe in February,³ followed by the U.S. that June.⁴ The vaccine was hailed as a breakthrough that would slash cervical cancer rates, but in the real world, it has largely failed to deliver.

When Gardasil was first introduced, HPV researcher Dr. Diane Harper predicted it would take 60 years of vaccinating at least 70% of all 11-year-old girls to reduce cervical cancer rates in the U.S., due to the country's highly successful Pap testing.

Now, almost 17 years after the vaccine was introduced, there is a "troubling spike" in cervical cancer rates,⁵ despite vaccination rates as high as 80%⁶ (although rates vary widely between gender and ethnic groups. In 2019, 73% of female teenagers had received one dose and 57% had received both doses in the series).⁷ As reported in the December 2022 issue of the International Journal of Gynecological Cancer:⁸

"Over the last 18 years [2001 through 2018], 29,715 women were diagnosed with distant stage cervical carcinoma ... When examining the trends over time, there has been an annual increase in distant stage cervical cancer at a rate of 1.3% per year. The largest increase is seen in cervical adenocarcinoma with an average annual percent change of 2.9%."

Cancers Associated With Vaccine Strains Have Declined

Despite lingering questions about its effectiveness, the medical establishment still hails the HPV vaccine as a success, as cervical cancers associated with the vaccine strains have in fact decreased.

Since 2006, cancers associated with the four HPV strains included in the original quadrivalent vaccine have declined by 88% among 14- to 19-year-olds and 81% among women aged 20 to 24.⁹ Aside from the fact that only 14 cases of cervical cancer a year were occurring in females aged 15 to 19 before the vaccine¹⁰ (meaning an 88% drop isn't all that impressive), the drop may not be all due to the vaccine, as rates have also declined among unvaccinated women.

What's more, when looking at HPV-related cancers in general, without regard for strain, rates have steadily increased since the vaccine's introduction. As reported by the Kaiser Family Foundation (KFF) in July 2021,¹¹ "HPV-related cancers have increased significantly in the past 15 years¹² — in 2015, 43,000 people developed an HPV-related cancer compared to 30,000 in 1999."

Oral and anal cancers related to HPV infection have also increased. Whereas cervical cancer used to be the most prevalent HPV-associated cancer, oral cancers are now the most common.¹³

HPV Vaccine Increases Risk of Cancer From Other HPVs

The primary cause for this continued rise appears to be because cancers associated with non-vaccine strains are going up. Indeed, new evidence suggests HPV vaccination makes women more susceptible than their nonvaccinated peers to HPV genotypes not covered by the vaccine.¹⁴ So, essentially, women who got the vaccine have just traded one risk for another. As reported by Medscape:¹⁵

"The data come from the Costa Rica HPV Vaccine Trial,¹⁶ which involved more than 10,000 women aged 18-25 years. The HPV vaccine used in the trial was

Cervarix, from GlaxoSmith Kline. It covers the two leading causes of cervical cancer, HPV 16 and 18, and provides partial protection against three other genotypes.

After a follow-up of 11 years, among vaccinated women, there was an excess of precancerous cervical lesions caused by genotypes not included in the vaccine, resulting in negative vaccine efficacy for those HPV variants ...

The results are likely the first evidence to date of 'clinical unmasking' with HPV vaccination, meaning that protection against the strains covered by the vaccine leaves women more prone to attack from other carcinogenic HPV variants.

This phenomenon 'could attenuate long-term reductions in high-grade disease following successful implementation of HPV vaccination programs,' the investigators comment.

The take-home message from the trial is that 'we have to be careful,' said Marc Steben, MD, co-president of HPV Global Action and a professor in the University of Montreal's School of Public Health."

The Replacement Phenomenon

This "replacement phenomenon" is precisely what happened with the pneumococcal vaccine, which is why vaccine companies were forced to keep adding new strains to the vaccine. The same thing is now happening with the HPV vaccine.

HPV16 and HPV18 have historically been responsible for about 70% of cervical cancer cases,¹⁷ which is why these two strains, plus HPV6 and HPV11, were included in the original quadrivalent Gardasil vaccine released in 2006.

In December 2014, Gardasil was updated to include five additional strains – HPV31, 33, 45, 52 and 58 – for a total of nine.¹⁸ Overall, these nine HPVs are responsible for the vast majority of HPV-related cancers, including cervical, throat and anal cancers, as well as most genital warts. (Cervarix, another HPV vaccine, is available in Europe and other

parts of the world, but since 2017, Gardasil®9 is the only HPV vaccine approved for use in the U.S.)

Serious Adverse Reactions Are Still Downplayed

While the medical establishment maintains that Gardasil is safe and has few side effects, a significant number of young girls and boys have been seriously injured over the years. Serious adverse reactions reported to the Vaccine Adverse Event Reporting System (VAERS) in relation to Gardasil include but are not limited to the following:¹⁹

Anaphylaxis

Guillain-Barre Syndrome

Transverse myelitis (inflammation of the spinal cord)

Pancreatitis

Venous thromboembolic events (blood clots)

Autoimmune initiated motor neuron disease (a neurodegenerative disease that causes rapidly progressive muscle weakness)

Multiple sclerosis (MS)

Sudden death

All of these side effects are acknowledged by the FDA²⁰ and are included in Gardasil's labeling. In addition to these, the Gardasil vaccine insert also lists:²¹

- Blood and lymphatic system disorders such as autoimmune hemolytic anemia, idiopathic thrombocytopenic purpura and lymphadenopathy
- Pulmonary embolus

- Arthralgia and myalgia (musculoskeletal and connective tissue disorders)
- Nervous system disorders such as acute disseminated encephalomyelitis

Safety Signal Detected for Premature Ovarian Insufficiency

According to a study²² published in July 2020, VAERS data mining also revealed a disproportionate number of reports of premature ovarian insufficiency (POI) and related problems, including amenorrhea (absence of menstruation), irregular menses, increased follicle-stimulating hormone (FSH) and premature menopause.

POI²³ is when a woman's ovaries stop working normally before the age of 40, which reduces her chances of getting pregnant. It also raises her risk for anxiety and depression, certain eye diseases, heart disease, hypothyroidism (low thyroid function) and osteoporosis (low bone density). According to the authors:²⁴

"The signal was detected by the methods of Bayesian Confidence Propagation Neural Network (BCPNN) and Multi-item Gamma Poisson Shrinker (MGPS). When both methods detected a positive result, a signal was generated.

Besides, time-scan map is drawn based on the IC value and 95%CI of BCPNN, if the IC curve showed a steady upward trend and the 95%CI narrowed, the signal was stable and strong association ... Our results only represent statistical association between HPV vaccine and POI related events, causal relationship needs further investigation."

Concern Over Gardasil Safety Is Rising

Over the years, parents have gotten increasingly concerned about the safety of Gardasil. According to a 2021 investigation,²⁵ 23% of parents who declined HPV vaccination for their child in 2018 cited concerns about safety, compared to 13% in 2015.

Normally, drugs become more accepted over time as their safety is demonstrated in the real world. Not so with Gardasil, however, which could be an indication that more and

more people know or have heard of youngsters suffering serious problems.²⁶

“ A woman's lifetime risk of a cervical cancer diagnosis is only 0.7%, so it's hardly a concern worth taking significant risks to avoid. ”

The fact of the matter is that tolerance for Gardasil-induced harm ought to be far lower than it is. It should be extremely low for the simple fact that the vaccine is given to perfectly healthy children and teens whose future risk of dying from cervical cancer is zero at the time it's given, and only 2.2 per 100,000²⁷ by the time they're 58. Also, it's worth noting that risk factors for HPV infection among young females are:²⁸

Early age of sexual debut	Multiple lifetime sexual partners
Short intervals between different partners	Use of hormonal contraceptives
Smoking	Diet deficient in certain micronutrients

So, considering that the main risk factors are modifiable behavior choices, wouldn't it make more sense to encourage young females to work on avoiding the risks, as opposed to simply counting on the vaccine to protect them?

Additionally, a woman's lifetime risk of a cervical cancer diagnosis is only 0.7%, so it's hardly a concern worth taking significant risks to avoid.

The threshold of tolerance for vaccine-induced risks is further lowered by the fact that it's a mandated requirement for school attendance in some jurisdictions, and is available without parental consent in others. There's also ample evidence showing that inexpensive Pap smears are the most effective way to identify an HPV infection and, by treating it, preventing it from turning into cancer.

Merck Accused of Fraud in Gardasil Safety Testing

There are other reasons to be suspicious of Gardasil's safety as well. According to Robert F. Kennedy Jr., Merck committed fraud in its safety testing by:

- Testing Gardasil against a toxic placebo, and
- Hiding a 2.3% incidence of autoimmune disease occurring within seven months of vaccination

Table 1 in the package insert²⁹ for Gardasil looks at vaccine injuries at the site of injection. It shows that Gardasil was administered to 5,088 girls; another 3,470 received the control, amorphous aluminum hydroxyphosphate sulfate (AAHS) – a neurotoxic aluminum vaccine adjuvant that has been associated with many serious vaccine injuries in the medical literature.

AAHS is also the adjuvant used in Gardasil, so it's hardly a reasonable control. They basically tested the complete vaccine against its most toxic component.

A third group, consisting of 320 individuals, received a proper placebo (saline). In the Gardasil and AAHS control groups, the number of injuries were fairly close; 83.9% in the Gardasil group and 75.4% in the AAHS control group. Meanwhile, the rate of injury (again, relating to injuries at the injection site only), was significantly lower at 48.6%.

Table 9 from the vaccine insert is the "Summary of girls and women 9 through 26 years of age who reported an incident condition potentially indicative of a systemic autoimmune disorder after enrollment in clinical trials of Gardasil, regardless of causality." These conditions include serious systemic reactions, chronic and debilitating disorders and autoimmune diseases.

Now all of a sudden, there are only two columns, not three as shown for the injection site injuries. The column left out is that of the saline placebo group. According to Kennedy, Merck cleverly hid the hazards of Gardasil by combining the saline group with the aluminum control, thereby watering down the side effects reported in the controls.

Looking at the effects reported in the two groups, 2.3% of those who received Gardasil reported an effect of this nature, as did 2.3% of those receiving the AAHS (aluminum) control or saline placebo. The same exact ratio of harm is reported in both groups, which makes it appear as though Gardasil is harmless.

In reality, the vast majority of the controls were given a toxic substance, and they don't tell us how many of those receiving a truly inert substance developed these systemic injuries.

Still, we can draw some educated guesses, seeing how the injection site injury ratios between Gardasil and the aluminum group were similar. In short, Merck's use of AAHS, a neurotoxic aluminum adjuvant instead of a biologically inactive placebo, effectively nullifies its prelicensure Gardasil safety testing.

Aluminum Can Trigger Debilitating Health Problems

The use of aluminum (AAHS) in Gardasil, and its disastrous health effects, was also brought up in a January 2019 court case (Jennifer Robi vs. Merck and Kaiser Permanente). Kennedy was one of the expert witnesses in this trial. As reported by the Children's Health Defense (CHD) at the time:³⁰

"... Paul Pennock of Weitz & Luxenberg ... ran through a riveting 50-minute slide show demonstrating how Gardasil's super-powered Amorphous Aluminum Hydroxyphosphate Sulfate (AAHS) adjuvant over-stimulated the immune systems of vaccine recipients tipping them into autoimmune conditions in which their redlining immune defenses begin attacking their bodies' own organs.

This 'autoimmune process' causes a cascade of illnesses that, in Jennifer Robi's case, resulted in damage and deterioration in diverse organ systems throughout her body. Victims like Jennifer are left exhausted as the body fights off disease on multiple fronts.

Pennock explained that vaccine makers add aluminum adjuvants ... to elicit an immune response, hoping to extend the short-term immunity otherwise provided by most vaccines. Among vaccinologists, it's axiomatic that the duration of immunity correlates directly to the toxicity of the adjuvant; the more toxic the adjuvant, the longer the duration of immunity ...

Gardasil's promoters were promising lifelong protection, and needed a super toxic adjuvant that would provide this unprecedented level of protection. After all, Merck was promising regulators, pediatricians and the public that inoculations given to 9-12-year-old girls would provide immunity against a relatively rare cancer that typically doesn't kill until age 58!"

Crazy as it may seem, AAHS has never been safety tested by the government or Merck. Independent animal studies, however, have shown that animals such as mice and sheep, when exposed to aluminum adjuvants at concentrations comparable to what's used in human vaccines, "develop strange behavioral patterns and illnesses resembling autoimmune diseases," CHD noted.³¹

'Deceptive Canards'

Kennedy also gave a presentation before the court, "describing the parade of deceptive canards that composed Merck's clinical trials," CHD writes. In addition to using toxic AAHS as a "placebo," other fraudulent gimmicks included purging the study group of participants who had vulnerabilities to the vaccine or any of its ingredients.

In so doing, they effectively masked effects that would primarily occur in certain vulnerable subgroups. Study subjects excluded from the trial included those with allergies, immunological or nervous disorders, four or more lifetime sex partners, genetic vulnerabilities to any known disease (including cancer), and those with general infections, a history of alcohol or drug abuse, and/or a serious or chronic illness.

The problem, of course, is that children are not prescreened for any of these vulnerabilities before they get the vaccine. In reality, anyone with one or more of these

conditions should not get Gardasil based on the fact that it's never been studied in anyone with these conditions. It's only been safety tested on the healthiest children possible.

"Even these flimflams could not conceal the mayhem caused by Gardasil," CHD wrote.³² "Kennedy showed the court data from Merck's own package insert showing that 2.3 % of the girls receiving the vaccine complained of symptoms of autoimmune disease within 7 months.

Since cervical cancer kills only 1.5 Americans in every 100,000, he noted, 'Merck's own data show that the chances of getting an autoimmune disease from this vaccine are 1,000 times the risk of dying from cervical cancer.'

Not only did a heartbreaking 50% of the subjects in both the study group and the spiked placebo group experience a serious adverse event within the seven months of the trial, death rates among girls in the study were double background rates. In fact, the rate for girls during the clinical trials (85/100,000) was 37 times the death rate from cervical cancer!

Birth defects among children conceived during the study period were 5x those of the control group and miscarriages were doubled over background rates. Reproductive problems among vaccinated girls were 10x background rates.

Finally, Merck's own data showed that administering the Gardasil vaccine to girls who had previous exposure to HPV actually raised their risk of developing precancerous lesions (or worse) by almost 45%."

For even more details on how Merck rigged its Gardasil trials, see my 2018 article, "Shocking Flaws in Gardasil Trial Design Prevents Safety Assessment," republished on LewRockwell.com.³³

Carefully Weigh Risks and Benefits Before You Get Vaccinated

At the end of the day, even if Gardasil is responsible for lowering the rates of certain HPV-related cancers, the negatives, in my view, still outweigh that benefit.

No. 1, you become more prone to other HPVs, which can also cause cancer, and No. 2, you're playing Russian Roulette with your health both in the short and long term, as many experience serious side effects from the AAHS in the vaccine. I believe teen girls and women are far better off getting regular Pap smears and simply treating any infection found.

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