FAMILY RESEARCH COUNCIL

Defending Faith, Family, and Freedom

February 1, 2007

Family Research Council Statement Regarding HPV Vaccines

To:

return to full navigation

Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
Atlanta, Georgia

February 21, 2006

My name is Moira Gaul. I have a master's of public health in maternal and child health from George Washington University, and I am working now as a policy analyst for the Family Research Council in Washington, D.C.

The Family Research Council welcomes the news that vaccines are in development for preventing infection with certain strains of the human papillomavirus (HPV). We also welcome the reports, like those we've heard this morning, of promising clinical trials for such a vaccine. Forms of primary prevention and medical advances in this area hold potential for helping to protect the health of millions of Americans and helping to preserve the lives of thousands of American women who currently die of cervical cancer each year as a result of HPV infection. Media reports suggesting that the Family Research Council opposes all development or distribution of such vaccines are false.

We are grateful to representatives of both Merck and GlaxoSmithKline for taking time to meet with us at the Family Research Council to explain their goals in developing these vaccines and their plans for the marketing and distribution of them. We will continue to take an interest in the process of determining whether such vaccines are safe and effective, and we are encouraged by the results so far. We will also continue to take an interest in the activities of the pharmaceutical companies, the federal and state governments, and of the medical community, as vaccines for HPV are approved, recommendations for their use are developed, and their use is implemented. In particular, we encourage follow-up studies to determine whether use of the vaccine has any impact on sexual behavior and its correlates, such as rates of other sexually transmitted diseases or rates of pregnancy.

We are particularly concerned with insuring that medically accurate information regarding the benefits and limitations of an HPV vaccine is distributed to public health officials, physicians, patients, and the parents of minor patients. It is especially important for those parties to understand that such a vaccine:

* will not prevent transmission of HIV or other sexually transmitted diseases, of which there are many;

* will not prevent infection with other strains of HPV, of which there are also many;

* will not prevent infection with all of the strains of HPV that cause cervical cancer;

* and lastly, will not eliminate the need for regular screening.

We recognize that the most current immunological studies suggest that these vaccines would be most effective in pre-adolescents. Our primary concern is with the message that would be delivered to nine- to twelve-year-olds with the administration of the vaccines. Care must be taken not to communicate that such an intervention makes all sex "safe." We strongly encourage the health care community to clearly communicate the medically

accurate fact that only abstaining from sexual contact with infected individuals can fully protect someone from the wide range of sexually transmitted diseases.

However, we also recognize that HPV infection can result from sexual abuse or assault, and that a person may marry someone still carrying the virus. These provide strong reasons why even someone practicing abstinence and fidelity may benefit from HPV vaccines.

Because parents have an inherent right to be the primary educator and decision maker regarding their children's health, we would oppose any measures to legally require vaccination or to coerce parents into authorizing it. Because the cancer-causing strains of HPV are not transmitted through casual contact, there is no justification for any vaccination mandate as a condition of public school attendance. However, we do support the widespread distribution and use of vaccines against HPV.

Vaccination at the beginning of adolescence may provide a unique opportunity for both health care providers and parents to discuss with young people the full range of issues related to sexual health. We would encourage this committee to recommend that policy-making bodies, such as the American Academy of Pediatrics, should develop and formalize clinical counseling interventions directed toward sexual risk elimination strategies for pre-adolescents. Such strategies could be incorporated into anticipatory guidance protocols. Such a strategy would also mirror the risk elimination messages presented to adolescents regarding tobacco, alcohol, and drug usage, and youth violence prevention. This risk elimination message is the best form of primary prevention youth can receive.

Both health care providers and parents should reinforce the fact that limiting sexual activity to the context of one faithful and monogamous long-term relationship is the single most effective method of preventing all sexually transmitted diseases, unplanned pregnancies, and the whole range of negative psychological and social consequences that can result from sexual activity outside marriage.

LH06B03

FAMILY RESEARCH COUNCIL
801 G STREET NW
WASHINGTON DC 20001
WWW.FRC.ORG