

Joint Statement 2018 for the Victims of HPV Vaccines

On behalf of the victims of HPV vaccine damage in the UK, Spain, Ireland, Colombia and Japan, an international symposium; "The Current Status of Worldwide Injuries from the HPV Vaccine" was held in Tokyo on the 24th March, 2018.

The meeting was convened to clarify the actual conditions of HPV vaccine damage, explore ways to relieve symptoms and promote recovery and discuss measures to support the daily activity of victims.

When first noted, the symptomatology of HPV vaccine damage was variously described as Complex Regional Pain syndrome (CRPS), Chronic Fatigue Syndrome (CFS) and Postural Tachycardia Syndrome (POTS), but clinical symptoms and the course of damage were soon found to be more complex. One of the main clinical features of the Adverse Events (AE's), reported after HPV vaccination, is the diversity of symptoms and symptom-development in a multi-layered manner, over an extended period of time. AE's include complex, multi-system symptoms such as;

- Systemic pain, including headache, myalgia and arthralgia
- Motor dysfunction, such as paralysis, muscular weakness, involuntary movement and seizures
- Numbness and sensory disturbance
- Autonomic symptoms, including dizziness, hypotension, tachycardia and diarrhea
- Respiratory dysfunction
- Endocrine disorders, such as menstrual disorders and hypermenorrhea
- Hypersensitivity to light and sound
- Psychological symptoms, such as anxiety, hallucinations and suicidal tendencies
- Sleep disorders, including hypersomnia and narcolepsy

In many cases, these symptoms impair learning and result in extreme fatigue and decreased motivation, having a negative impact on daily life and routines.

The clinical features of these AE's are common to victims in all the five participating countries and also very similar to those of victims in other countries.

The number of AE's reported for HPV vaccines, in each country, are overwhelmingly higher than that for other vaccines.

Many studies now show how the components and design of the HPV vaccines are such that

the symptoms of the victims are caused by the HPV vaccines.

Nevertheless, national health authorities and medical professionals continue to deny any causal relationship between HPV vaccines and AE's.

Proponents of the vaccine have shown no interest in correlating victim's symptomatology and vaccine-induced AE's.

Studies of CRPS, CFS, and POTS which call into question the safety of HPV vaccines have been excluded on the grounds that the diagnosis is difficult and lacks specificity. On the other hand, the authorities argue that vaccine safety has been fully established through epidemiological analysis.

However, their epidemiological argument is fundamentally flawed;

Their epidemiological approach is not appropriately designed to detect the signals of HPV vaccine damage, characterized by diverse and multi-layered symptoms over a long period of time. They ignore the unusual mechanism of action of this vaccine, which keeps very high antibody titer up to as long as a decade.

With such long-acting vaccines, it is no wonder that victims experience various AE's with very late onset. However, according to their logic, AE's reported, with a long incubation period, are denied any connection with the vaccine, and the cases displaying diverse symptoms are diagnosed as separate known illnesses.

In general, AE's caused by vaccines are likely to occur in vulnerable people, susceptible to immunological interventions and this group is very small in comparison to the general population. Thus, a simple comparison of the incidence of autoimmune disease in the vaccinated group versus a control (unvaccinated) group, or the general population will show no significant difference.

Arguments that overlook this misapplication of epidemiological statistical analysis cannot possibly ensure the safety of the HPV vaccines. This kind of biased thinking is completely contrary to the fundamental principles of scientific inquiry and it undermines the role of medical professionals in public health.

Perhaps even more surprising, and deeply disturbing, is the social treatment experienced by the victims. Across all countries represented at the Symposium, the treatment of victims was found to be quite similar; Health Authorities and medical professionals in all participating countries deny any causal relationship with the vaccine and regard post-vaccination AE's as either psychogenic in nature, a form of functional disability, or malingering disorders. As a consequence, victims of the HPV vaccines have to endure not only physical suffering but

also emotional distress, as they are often abandoned without recourse to adequate medical treatment.

International organizations such as the WHO and EMA, as well as national Health Authorities and policy makers, insist that safety of the HPV vaccines has been adequately established through epidemiological analysis and thus the complaints of victims are dismissed as having no scientific basis. The same neglect and discrimination is surprisingly similar across all countries where AE's have been reported.

We are aware that victims in other countries, not represented at this International Symposium, were also treated in the same way by their respective countries Health Authorities. Moreover, despite the fact that the victims and their parents consented to the HPV vaccine, based on their trust in the Health Authorities, they are now accused of being an "anti-vaccination group".

The history of drug-induced tragedies sadly contains too many examples of denying causation between a drug and its AE's, whilst ignoring and even discriminating against victims, until causation is finally established beyond a doubt.

Have we learned nothing from these historic tragedies?

Must we again repeat the same horrific mistakes?

In the face of this medical tragedy, which is now occurring on a global scale, we call on the media to raise awareness of the dire consequences of this critical social and healthcare issue, and we call upon governments, vaccine makers and healthcare experts to:

- Conduct a protracted follow-up study, by a neutral third party, of the health status of all those who received the HPV vaccines.
- Promote researches to develop effective therapies to treat the side effects of the HPV vaccines.
- Provide treatment, and support HPV vaccine victims in daily activities, education, and employment.
- Disseminate information about ALL possible side effects, in the form of a Patient Information Leaflet to be given to children, adolescents, and parents so that they

can make an informed decision regarding the HPV vaccination based on fundamental human rights to Informed Consent.

- Cease all advertisement campaigns which promote the HPV vaccination without highlighting the full risks.
- Suspend recommendation of HPV vaccines for routine immunization, until a safer system is established ensuring that serious side effects are avoided.
- Refrain from actions that discriminate against, or slander HPV vaccine victims.

April, 2018

Medwatcher Japan

Rebuilding Hope Association HPV Vaccine Victims (in Colombia)

AAVP (Association of Affected People Due to the HPV Vaccine in Spain)

AHVID (UK Association of HPV Vaccine Injured Daughters)

REGRET (Reactions and Effects of Gardasil Resulting in Extreme Trauma, in Ireland)

National Network of Cervical Cancer Vaccine Victims in Japan

National Plaintiffs Association for the HPV Vaccines Lawsuits in Japan