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To Vaccinate or Not to Vaccinate: Daniel Hart's Testimony

Good evening Representative Wilson and members of the Committee. Thank you very much for the opportunity to speak at this hearing today. I am Dr. Daniel Hart and I work as a research scientist at GlaxoSmithKline. Today, I will speak on behalf of my company regarding our support of the State of Columbia House Bill 110-24 in favor of mandatory HPV vaccination.

Human papilloma virus (HPV) is the “most frequently sexually transmitted disease in the world and in the United States.”¹ With an estimated 6.2 million Americans becoming infected every year², and 75% of these infections occurring amongst adolescents and young adults¹, there is already a clear indication that a way to prevent new infections is greatly needed. However, this need is further amplified once it is taken into account that various HPV strains have been associated with some oropharyngeal³, anal, penile, vaginal, vulvar, and cervical cancers². In fact, two high-risk HPV strains alone, types 16 and 18, account for approximately 70% of cervical cancers worldwide². This translates to 350,000 new cases and around 200,000 HPV-attributable cervical cancer deaths worldwide in 2008 alone². These are unfortunate statistics for a problem that can be solved by preventing infections with cancer-causing strains through vaccination.

That is why we propose the mandated use of Cervarix®, a bivalent HPV vaccine formulated to prevent infection by HPV types 16 and 18, the major players in HPV-associated oncogenesis.⁴ Clinical trials have shown Cervarix® to have excellent immunogenicity and safety profiles, including no significant effect in pregnancy outcomes.⁵ In addition, the novel adjuvant utilized in Cervarix® has been shown to enhance the immune response compared to other available vaccines⁶, with continued persistence of serum antibodies for at least 8.4 years; providing strong efficacy through the peak years of HPV acquisition.⁵

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A high coverage of HPV vaccination could contribute to a 76% lifetime reduction in cervical cancer deaths and a 50% reduction in cervical screening abnormalities.⁶ Additionally, economic models have shown that high rates of immunization are necessary to produce a cost-effective vaccination program.¹ Unfortunately, the lack of a mandate has contributed to low vaccination rates in the United States; where only one third of girls aged 13-17 have received the necessary dosages.⁷ This is an urgent matter for which we believe part of the solution is to approve House Bill 110-24. For every year that goes by without increasing our coverage, “another 4,400 girls will develop cervical cancer in their lifetimes”⁷. In fact, according to estimates, cervical cancer claimed the lives of two women since I stood up here this evening.⁸ Next time it could be someone you know and love. Let us not let that happen and take the next step in changing the history of this disease. I appreciate your time and willingness to engage in such discussions. Thank you very much.

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References:

- 1- Fisher, Joslyn W., and Susan I. Brundage. "The Challenge of Eliminating Cervical Cancer in the United States: A Story of Politics, Prudishness, and Prevention." *Women & Health* (2009): 246-61. Print.
- 2- Hariri, Susan. "Human Papillomavirus." *VPD Surveillance Manual, 5th Edition*. 5th ed. CDC, 2011. 1-11. Print.
- 3- D'Souza, Gypsyamber, Aimee R. Kreimer, Raphael Viscidi, Michael Pawlita, Carole Fakhry, Wayne M. Koch, William H. Westra, and Maura L. Gillison. "Case–Control Study Of Human Papillomavirus And Oropharyngeal Cancer." *New England Journal of Medicine*: 1944-956. Print.
- 4- Baden, Lindsey R., Gregory D. Curfman, Stephen Morrissey, and Jeffrey M. Drazen. "Human Papillomavirus Vaccine — Opportunity and Challenge." *New England Journal of Medicine* (2007): 1990-991. Print.
- 5- Schiller, John T., Xavier Castellsagué, and Suzanne M. Garland. "A Review of Clinical Trials of Human Papillomavirus Prophylactic Vaccines." *Vaccine*: F123-138. Print.
- 6- Adams, M., B. Jasani, and A. Fiander. "Human Papilloma Virus (HPV) Prophylactic Vaccination: Challenges for Public Health and Implications for Screening." *Vaccine*: 3007-013. Print.
- 7- "New study shows HPV vaccine helping lower HPV infection rates in teen girls" *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 19 June 2013. Web. 16 Mar. 2015.
- 8- "GSK Cervarix® Two-dose Schedule Receives European Marketing Authorisation | GSK." *GSK Cervarix® Two-dose Schedule Receives European Marketing Authorisation | GSK*. GSK. Web. 16 Mar. 2015.

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