

NO on AB 659 HPV Vaccine Mandate for Students

PERK greatly supports AB 659's authors effort to prevent cancer, however we see no possible way to support such an effort while it ignores parental rights, disregards the religious liberties of families and suggests that mandates are an acceptable leverage to children's right to an education in California. We are asking the member to Abstain from voting on AB 659 until the HPV vaccine mandate is removed and the sole intent of the bill is insurance based.

Assembly Bill 659: "This bill, the Cancer Prevention Act, would add human papillomavirus (HPV) to the above-described list of diseases for which immunization documentation is required. The bill would specifically prohibit the governing authority from unconditionally admitting or advancing any pupil to the 8th grade level of any private or public elementary or secondary school if the pupil has not been fully immunized against HPV. The bill would clarify the department's authority to adopt HPV-related regulations for grades below the 8th grade level."

5 Reasons to Remove HPV Vaccine Mandate in AB 659

1. Existing California law makes access to the HPV vaccine easily and readily available without parental consent or knowledge.

California already has 2 HPV policies:

- Children currently learn about HPV at school with the required sex ed curriculum, AND
- California reproductive rights laws allow 8th graders/ minors 12 and older to consent to the HPV vaccine, medical diagnosis and treatment for sexually transmitted infections without parental knowledge or consent. (SB 158:Weiner)

Furthermore, California has policies for prevention education and access that appear to be effective based on rising HPV vaccination rates without mandating the vaccine for school enrollment.

There are more effective approaches to prevent the spread of hpv and lower the rate of cancer. Public health officials have long recommended the Pap test (also known as Pap Smear), which detects abnormalities in cervical tissue, and HPV DNA testing, as the most effective frontline public health response to the disease.

California teens have a current HPV vaccination rate of 81.7% (First dose) without a forced mandate. According to the WHO, just one dose is 98% effective at creating HPV antibodies, and they are considering allowing 1 dose to be sufficient.

HPV VACCINE COVERAGE RATES: California teens aged 13-17 years, have an **81.7% HPV vaccination rate for the first dose.**

National average HPV Vaccine coverage

HPV vaccine	2021	2020
All adolescents		
≥1 dose	76.9 (75.6-78.2)	75.1 (73.9-76.2)
HPV UTD***	61.7 (60.2-63.2)	58.6 (57.3-60.0)
Female		
≥1 dose	78.5 (76.6-80.4)	77.1 (75.4-78.7)
HPV UTD	63.8 (61.5-65.9)	61.4 (59.5-63.3)
Male		
≥1 dose	75.4 (73.5-77.2)	73.1 (71.5-74.8)
HPV UTD	59.8 (57.6-61.8)	56.0 (54.1-57.9)

AB 659 bill proponents are stating that there is a low 59% coverage. But the 59.8% is the national average for all doses for US adolescent males, using a sample of only 18k survey participants surveyed in the 2021 NIS-Teen Survey. There are 2.8 million adolescents ages 13-17 in California.

The national average is 75.6-78.2% for all adolescents who have received at least one dose in 2021, according to the CDC National Vaccination Coverage Among Adolescents Aged 13-17 Years - National Immunization Survey-Teen, United States, 2021.¹



According to the WHO, just one dose is 98% effective at creating HPV antibodies, and they are considering allowing 1 dose to be sufficient.²

California rates for HPV vaccine uptake¹

≥1 HPV ¹	HPV UTD ²
81.7 (73.7-87.7)	69.0 (60.5-76.4)

Abbreviations: HPV - human papillomavirus, UTD - up-to-date.
¹ HPV vaccine: quadrivalent (4HPV), quadrivalent (4HPV), or bivalent (2HPV) in females and males combined.
² HPV UTD includes those with ≥3 doses, and those with 2 doses when the first HPV vaccine dose was delivered before age 15 years and there was at least 5 months (or 4 days between the first and second dose) [https://www.cdc.gov/ncidod/diseases/immzizn/updates/2021/s01/2021-01-08-01.htm]. This update to the HPV recommendations occurred December 2021.

California has an **81.7% vaccination rate for the first dose** and 69% for all 3 doses for adolescents ages 13-17. California is 10% higher than the US rate without a vaccine mandate.

This data also comes from the CDC per America's Health Rankings. The update has increased every year without mandates for school.



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¹ <https://www.cdc.gov/nchs/data/immzizn/2021/s01/2021-01-08-01.htm>
² <https://www.pah.gov.sg/our-approach/our-approach-to-vaccine-coverage>
³ <https://www.cdc.gov/ncidod/diseases/immzizn/updates/2021/s01/2021-01-08-01.htm>

2. In order to ensure a robust and diversified student population, the focus should be on minimal requirements for school enrollment.

HPV is not transmitted in a classroom setting and an HPV vaccine mandate is not necessary to be safe at school. School is compulsory, and must be easily accessible for all children in California. Required Vaccine policies with limited exemptions have placed barriers for tens of thousands of students to attend public and private school. These type of medical intervention mandates take choice from parents, while adding distrust and skepticism to our education system.

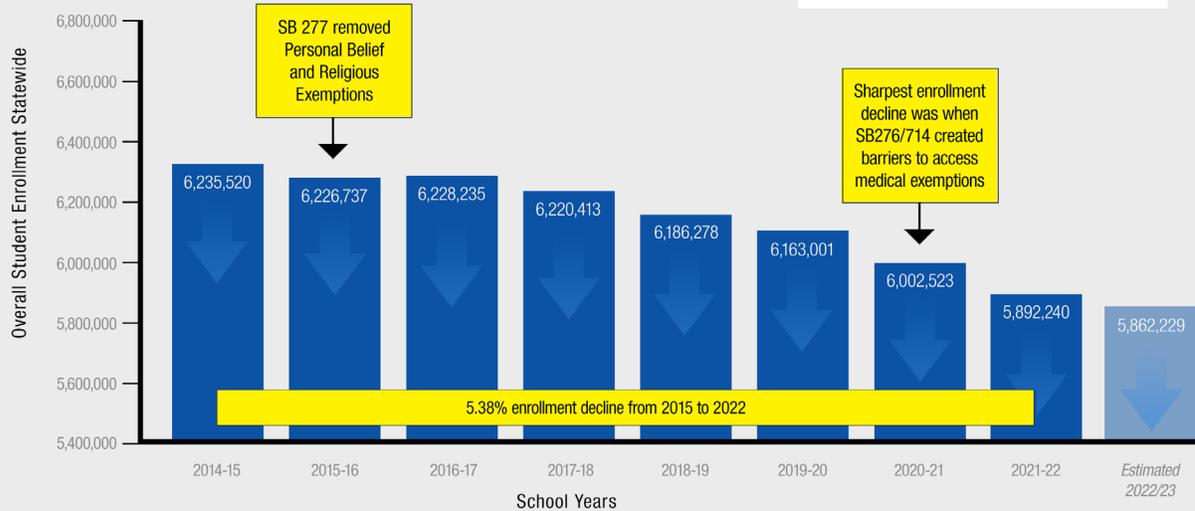
Access rather than mandates support vaccination rates without risk of further impacting the enrollment rates. Mandated vaccinations and removal of exemptions has been a contributing factor for a concerning decrease in school enrollment since the 2014-2015 school year. Enrollment rates across the state have been in decline since the 2014-2015 school year, losing over 300,000 students in less than a decade. Working to improve cancer prevention without creating additional requirements for school enrollment is a priority.

Vaccination Laws currently eliminating exemptions:

- SB 277 (2015) Eliminated Personal and Religious Belief exemptions to immunization.
- SB 276 (2019) Made the Medical Exemption unattainable for vaccine vulnerable families.

Removal of Personal Belief/Religious Exemptions Have Contributed to Enrollment Decline

Significant enrollment decline of 364,508 students, since 2015.



Enrollment Data 2014-2022

California Department of Education
Data Quest
<https://dq.cde.ca.gov/dataquest/dpcensus/EnrGrdYears.aspx?cde=00&agglv=state&year=2020-21&ro=y>

From 2015/16 to 2022/23 Enrollment has decreased by 364,508. In 2021-22 alone, there was a decrease of more than 110,000 students. This follows a steady decline in public school enrollment statewide since 2014-15.

<https://www.cde.ca.gov/mi/yr22/yr22enr20.asp>

State Enrollment - Over the next ten years, if current trends in fertility and migration hold, a further decline of 524,000 in total enrollment is projected by 2030-31. <https://dof.ca.gov/Forecasting/Demographics/public-k-12-graded-enrollment/>

**5.37195% decline from 2015 to 2022.

*** Sharpest decline in enrollment was when SB 276/714 went into effect in 2020.

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3. Cancer prevention should not be a requirement for school enrollment.

Every single person deserves the right to a Risk/Benefit analysis when making a medical decision. This HPV mandate would take away true informed consent for parents and use education as a leverage. A mandate to protect yourself from cancer is not a necessary requirement for children to participate in school when the HPV Vaccine manufacturer clearly states this vaccine DOES NOT PREVENT all HPV related cancer nor provides protection in ALL recipients. AB 659 "Cancer Prevention Act" directly contradicts the Vaccine manufacturers own fact sheet.

HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use GARDASIL safely and effectively. See full prescribing information for GARDASIL.	<ul style="list-style-type: none">• Not all vulvar, vaginal, and anal cancers are caused by HPV, and GARDASIL protects only against those vulvar, vaginal, and anal cancers caused by HPV 16 and 18. (1.3)• GARDASIL does not protect against genital diseases not caused by HPV. (1.3)• Vaccination with GARDASIL may not result in protection in all vaccine recipients. (1.3)• GARDASIL has not been demonstrated to prevent HPV-related CIN 2/3 or worse in women older than 26 years of age. (14.7)
GARDASIL® [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant] Suspension for intramuscular injection Initial U.S. Approval: 2006	----- DOSAGE AND ADMINISTRATION -----



4. Unlike other required vaccines, the HPV vaccine is the subject of multiple cases of current litigation for adverse reactions in teen girls.

There have been 59,831 serious adverse events including death. Considering that there is only 1 HPV vaccine available and it is under scrutiny in the courts, this is not a good candidate for a statewide mandate. The law offices of Wisner Baum LLP, who represent hundreds of Gardasil injured girls and boys stated:

“Hundreds of young women and men across the United States are filing lawsuits against the manufacturer of Gardasil (Merck) claiming Gardasil caused them to suffer serious life altering side effects, including death. Several cases are pending in various California state courts, and the Judicial Panel on Multidistrict Litigation recently consolidated all federally filed Gardasil cases before one judge in North Carolina.”

5. Religiously held beliefs

If a family has religious reasons to decline the HPV vaccine, there are no current adequate exemptions that would allow them to exercise their first amendment rights and respect their sincerely held religious beliefs.

A Better Solution for Cervical Cancer Prevention:

1. Amend AB659 to remove sections 3 & 4, focusing solely on the insurance portion of the Cancer Prevention Act.
2. Improve the state's current policies regarding HPV education and access to HPV infection prevention and treatment plan.

We ask that you VOTE NO on AB 659 until the mandate is removed from the bill, and make the sole intent of the bill insurance expansion. There is no immediate urgent need for a HPV vaccine mandate when it is easily accessible for families and children.

Thank you for your consideration as we advocate for the protection of the educational rights of kids.

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SOURCES:
AB659: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB659, SB277: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB277, SB276: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB276, HPV Rates: https://www.cdc.gov/mmwr/volumes/70/wr/mm7035a1.htm#T1_down, Gardasil: <https://www.fda.gov/files/vaccines,%20blood%20&%20biologics/published/Package-Insert--Gardasil.pdf>, School rates: <https://www.cde.ca.gov/nr/ne/yr22/yr22rel20.asp>, Adverse Reactions: <https://wonder.cdc.gov/controller/datarequest/D8?sessionId=2BF198235C886EEFF760EEF7672A>, Abstinence: <http://www.ampartnership.org/most-students-choose-abstinence/>