

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:

- a. Children currently learn about HPV at school with the required sex ed curriculum, AND
- b. 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. With a current HPV vaccination rate of 75% for adolescents without a mandate, the insurance portion of this bill will also expand access.

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.

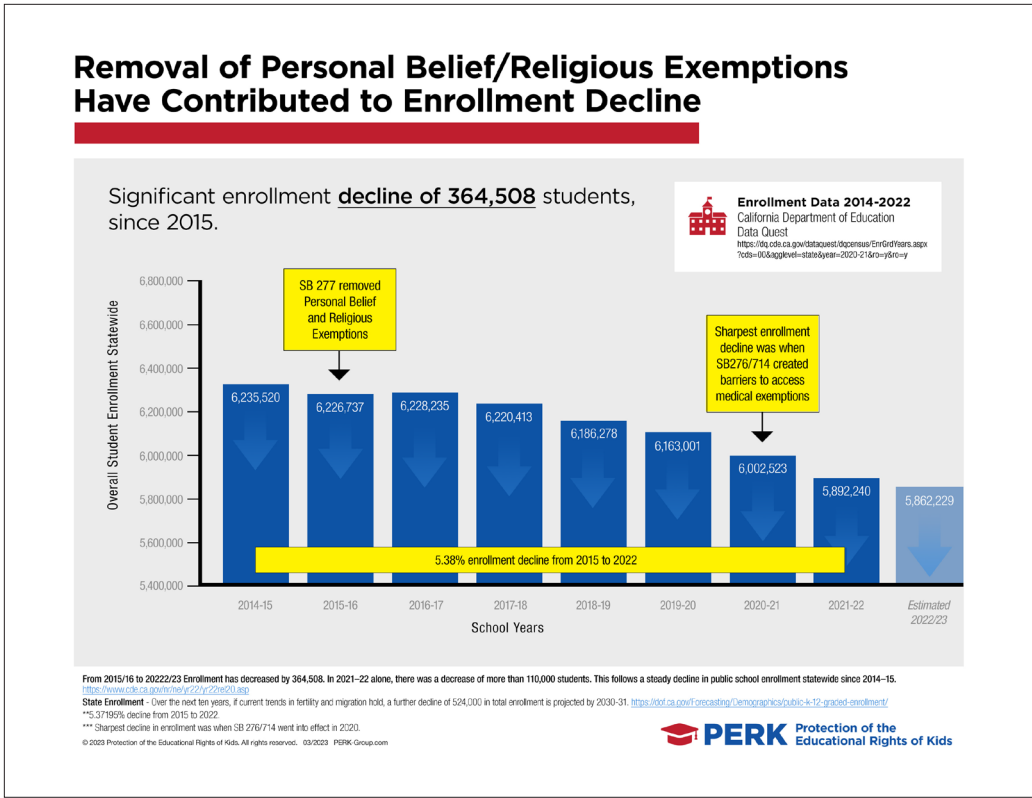
2. In order to ensure a robust and diversified student population, the focus should be on minimal requirements for school enrollment.

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.



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

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.

<p>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.</p> <p>GARDASIL® [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant] Suspension for intramuscular injection Initial U.S. Approval: 2006</p>	<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) <p>----- DOSAGE AND ADMINISTRATION -----</p>
---	---

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.

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>

AdverseReactions: <https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=2BF198235C886EEFF760EEF7672A>

Abstinence: <http://www.ampartnership.org/most-students-choose-abstinence/>