

Australian Immunisation Handbook 10th Edition

Responses to Public Consultation Submissions

Revised Human Papillomavirus (HPV)

Recommendations (Chapter 4.6)

Public consultation period: 30 October 2017 to 30 November 2017

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1 Introduction

Public consultation for the revised HPV recommendations in *The Australian Immunisation Handbook* 10th Edition (the Handbook) was conducted over a four-week period from 30 October 2017 to 30 November 2017, during which time the draft recommendations were available on the Citizen Space website. The Immunisation Branch invited a range of stakeholders, committees, working groups and interested people to provide submissions. A list of organisations formally invited to comment on the draft guidelines is provided in **Appendix A**.

This report outlines the public consultation comments received for the revised HPV recommendations. 57 submissions were received using the submission template provided on Citizen Space. Of these, seven were on behalf of an organisation and 50 were as individuals (Table 1).

Table 1: List of respondents who made comment on the revised HPV recommendations

Responder No.	Organisation
1	Western NSW LHD
2	Individual
3	RACGP representative on QIPG
4	Individual
5	Individual
6	Individual
7	DHHS Victoria Immunisation section
8	Director, Communicable Diseases Branch, NSW Health
9	Manager Immunisation Queensland Department of Health
10	Medical Product Specialist Seqirus (Australia)
11	RACGP
12	Individual
13	Individual
14	Individual
15	Individual
16	Individual
17	Individual
18	Individual
19	Individual
20	Individual
21	Individual
22	Individual
23	Individual
24	Individual

Responses to public consultation submissions

Responder No.	Organisation
25	Individual
26	Individual
27	Individual
28	Individual
29	Individual
30	Individual
31	Individual
32	Individual
33	Individual
34	Individual
35	Individual
36	Individual
37	Individual
38	Individual
39	Individual
40	Individual
41	Individual
42	Individual
43	Individual
44	Individual
45	Individual
46	Individual
47	Individual
48	Individual
49	Individual
50	Individual
51	Individual
52	Individual
53	Individual
54	Individual
55	Individual
56	Individual
57	Individual

The Australian Technical Advisory Group on Immunisation (ATAGI) considered all responses from the public consultation in December 2017 and, where necessary, revised the HPV recommendations in

Responses to public consultation submissions

accordance with the submissions. Comments from the public consultation submissions and the ATAGI responses are summarised in the following section.

This report was submitted to the National Health and Medical Research Council (NHMRC) in December 2017 and was approved in January 2018.

2 Responses to public consultation submissions

2.1 Revised HPV Recommendations

	Comment and location in chapter it pertains to	Proposed Action	Rationale
1a	2 dose given appropriately will benefit herd immunity as decreased doses means less visits and hence more likely to complete course. Hopefully will improve coverage rates in school program.	Reviewed. No change in recommendation made.	Comment noted with thanks.
1b	<p>Risk of provider confusion with:</p> <ul style="list-style-type: none"> • Need for 3 doses over 14 yrs age – may only get 2 doses • Recommendation of minimum 6–12 months. Providers commonly think that if course not complete in 12 months they have to start again. <p>Need to be very clear on catch up recommendation; ie if 1st dose given before 14 and then 2nd dose given after that (and especially if over 12 months) – how many doses required to complete course?</p>	Reviewed. No change in recommendation made.	This comment relates to implementation and was noted in the public consultation document. The Australian Technical Advisory Group on Immunisation (ATAGI) has prepared detailed clinical advice for providers to support the introduction of Gardasil®9 in a 2-dose schedule under the school-based National Immunisation Program (NIP).
2	The difficulty of follow up with school students with a gap of between 6 - 12 months. Parents/guardians need to be advised at the time of the first vaccination of alternative sites to obtain the 2nd vaccination if missed.	Reviewed. No change in recommendation made.	This comment relates to implementation and will be addressed by states and territories as part of usual practices for school-based immunisation.
3a	Want to advocate for availability of vaccine in General Practice for administering doses.	Reviewed. No change in recommendation made.	This comment relates to implementation and will be addressed by the Department of Health (DOH) as part of usual practices for school-based immunisation.
3b	Need notification of vaccinations to GP although on AIR time consuming.	Reviewed. No change in recommendation made	Comment noted with thanks.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
3c	GP availability of vaccine as often missed at school, if need to get the patient back after ordering vaccine often compliance issues.	Reviewed. No change in recommendation made.	This comment relates to implementation and will be addressed by DOH as part of usual practices for school-based immunisation.
4a	Potential vaccine errors with children attending different providers eg. council/GP	Reviewed. No change in recommendation made.	The majority of children will be vaccinated at school. This comment relates to implementation and will be addressed by states and territories as part of usual practices for school-based immunisation.
4b	The six month gap could potentially limit access to some students within the school system. If they miss dose 1 at school and then don't receive the dose in a timely manner to receive dose 2 at school.	Reviewed. No change in recommendation made.	This comment relates to implementation and will be addressed by states and territories as part of usual practices for school-based immunisation.
4c	Potential for missed dose 2 if cross over to the next year	Reviewed. No change in recommendation made.	States and territories will schedule school visits within the same year, as was previously done for the 3-dose schedule which required a 6-month gap between doses 1 and 3.
4d	The 6 month gap has implications for Council and school programs trying to fit in dates.	Reviewed. No change in recommendation made.	The previous 3-dose schedule required a 6-month gap between doses 1 and 3 and was successfully delivered to a school cohort within a single year. There will be no difference with the new program.
5a	Risk - cancer registry data handling needs to be in place to ensure follow-ups and data is handled correctly - this involves considerable at cost work for IT systems across all states. Many are stand-alone IT LIMS with specific set-up issues and requirements. None of this has been addressed from day 1.	Reviewed. No change in recommendation made.	Comment not applicable.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
5b	Ensure all laboratories are ready for screening testing and also follow up testing as well as Cytology if required.	Reviewed. No change in recommendation made.	Comment not applicable.
5c	The rollout has been put back numerous times and Telstra Health as a major partner has always been a concern.	Reviewed. No change in recommendation made.	Comment not applicable.
6a	Possible confusion over aged based recommendations. ie. 2 doses for <15yrs & 3 doses for >15 yrs.	Reviewed. No change in recommendation made.	This comment relates to implementation and was noted in the public consultation document. ATAGI has prepared detailed clinical advice for providers to support the introduction of Gardasil®9 in a 2-dose schedule under the school-based NIP.
6b	Ensure adequate education of medical personnel and authorised nurse immunisers.	Reviewed. No change in recommendation made.	This comment relates to implementation. ATAGI has prepared detailed clinical advice for providers to support the introduction of Gardasil®9 in a 2-dose schedule under the school-based NIP.
7a	In the summary, page 2, last paragraph, in the discussion about the 2 dose schedule for 9-14 years, is this information relevant to the 2v and 4v HPV vaccine brands if the minimum intervals of 6-12 months are met? Benefit, these people do not require catch up doses.	Reviewed. No change in recommendation made.	Addressed in the <i>Australian Immunisation Handbook</i> (Handbook) chapter.
7b	Recommendations 2, page 4 b) Advice discusses a 2 dose schedule for 2v and 4v HPV which has not been previously implemented so this could be confusing for providers especially when talking about age and interval appropriate. It needs to be defined what is an acceptable 2 dose schedule for the 2v and 4vHPV vaccine. For immunisation providers it is confusing to be discussing a 2 dose schedule for the 4v HPV vaccine that will not be available.	Reviewed. No change in recommendation made.	Addressed in the Handbook chapter.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
7c	Research evidence, recommendation 2, page 6, a provider that is not solely working in immunisation will find this very difficult to interpret.	Reviewed. No change in recommendation made.	ATAGI has prepared detailed clinical advice for providers to support the introduction of Gardasil®9 in a 2-dose schedule under the school-based NIP. The Handbook chapter will also provide detailed information on the evidence underpinning recommendations.
7d	Benefits & risk page 7 Risk: Immunocompromised 9-14 years may only get 2 doses.	Reviewed. Change made to recommendation.	Risk of an immunocompromised person receiving only 2 doses included in Benefits and Risks section of consultation document.
7e	Recommendations 1, page 3 Include as a bullet point (not footnote) if the first dose was given between 9-14 years of age and the individual is now 15 years or over only one further dose is required to complete the schedule.	Reviewed. No change in recommendation made.	Issue already considered by ATAGI and discussed in public consultation document.
7f	Include information about when an individual exceeds the recommended timeframe between doses e.g. do not start the HPV course again, build on previous doses already given.	Reviewed. No change in recommendation made.	Addressed in the Handbook chapter.
7g	The footnote regarding 2 doses with less than 5 month interval - if the 2nd dose was inadvertently given at 1 month after first dose, then 12 weeks later will not give a 5 month interval between dose 1 and dose 3. Suggest that there needs to be a 6 month interval between dose 1 and 3 when doing catch up in this circumstance.	Reviewed. Change made to recommendation.	Footnote corrected.
8a	There are additional potential benefits, in that children who previously received two doses of HPV vaccine with a spacing of at least six months apart, can now be recognised as fully vaccinated. This may arise from children vaccinated overseas, or who had an interrupted course of vaccination in Australia.	Reviewed. No change in recommendation made.	Comment noted with thanks.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
8b	<p>It would be useful to more clearly make the point that two doses of any formulation of HPV vaccine commenced in children under 15 years of age and spaced by at least 6 months is considered fully vaccinated.</p> <p>This point is made in the paper, but only in the context that no catch-up is necessary for individuals who have received 2 appropriately spaced doses of HPV2 or HPV4.</p> <p>It would be helpful in the AIH chapter to make definitive statements that those individuals are considered fully vaccinated.</p>	Reviewed. No change in recommendation made.	Addressed in the Handbook chapter.
9a	None identified at this time which cannot be managed through communication with and education of immunisation providers and thorough planning of the implementation.	Reviewed. No change in recommendation made.	Comment noted with thanks.
9b	<p>Given the reported higher level of reactogenicity of HPV9, consideration needs to be given to enhanced surveillance of this vaccine, at least in the short term.</p> <p>Monitoring of minimum intervals between doses will be necessary</p>	Reviewed. No change in recommendation made.	This comment relates to safety surveillance and will be managed by DOH.
9c	The introduction of a 2 dose schedule of HPV9 is strongly supported.	Reviewed. No change in recommendation made.	Comment noted with thanks.
10a	<p>With regards to potential risk #3 highlighted on page 7 of the public consultation document (concern regarding protection against the additional give HPV types);</p> <p>Seqirus believes a statement should be included advising healthcare professionals to discuss the benefits and risks of additional vaccination with 9vHPV vaccine with their patients.</p>	Reviewed. No change in recommendation made.	Addressed in the Handbook chapter.
10b	<p>The final qualifying statement on page 3 of the public consultation document states that “Minimum intervals recommended for a 3-dose schedule are at least 4 weeks between dose 1 and dose 2 and at least 5 months between dose 1 and dose 3.”</p> <p>According to the Gardasil 9 Product information there should be a minimum of 4 months between dose 1 and dose 3: The second dose should be administered at least 1 month after the first dose and the third dose should be administered at least 3 months after the second dose.</p>	Reviewed. No change in recommendation made.	Comment noted with thanks. Minimum intervals refer to those accepted in the Australian Immunisation Register.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
11a	Individuals who do not meet the requirement for the two-dose schedule should be included in the group to receive the three-dose schedule. In particular, individuals from disadvantaged populations who may not have been in school to receive the vaccine should be considered.	Reviewed. No change in recommendation made.	With the exception of immunocompromised persons, schedule recommendations are age based. Anyone who misses vaccination at school and reaches 15 years of age will require 3 doses.
11b	9vHPV vaccine causes slightly more injection site reactions than the 4vHPV vaccine and may therefore result in a higher proportion of children experiencing pain after each dose. Presentations to general practice by vaccine eligible adolescents/guardians because of the slightly increased rate of injection site reactions need to be anticipated and communicated to General Practitioners (GPs). This will ensure they can prepare for, and provide reassurance, clinical care and information to the patient. This will facilitate ongoing participation and confidence in the program.	Reviewed. No change in recommendation made.	This comment relates to safety surveillance and will be managed by DOH. This was noted in the public consultation document. ATAGI has prepared detailed clinical advice for providers to support the introduction of Gardasil®9 in a 2-dose schedule under the school-based NIP.
11c	The RACGP presumes from the new schedule, if a patient has received one dose of the 4vHPV vaccine they can complete their vaccination with one dose of the 9vHPV vaccine (not two more doses of the 4vHPV in the current schedule). Some clarification of this will be useful. A resource should be provided to GPs to support implementation. Clear, evidence-based information about the safety and efficacy of the changes should be included. For example, using 9vHPV to complete a schedule started with 2vHPV or 4vHPV vaccines and, recommendation against the use of 9vHPV in individuals who have already completed a full schedule with 2vHPV or 4vHPV vaccines.	Reviewed. No change in recommendation made.	This was noted in the public consultation document. ATAGI has prepared detailed clinical advice for providers to support the introduction of Gardasil®9 in a 2-dose schedule under the school-based NIP. The Handbook chapter will also provide information on interchangeability of vaccines.
11d	Practical information such as the options/timings for catch up of a missed second dose should also be included.	Reviewed. No change in recommendation made.	This was noted in the public consultation document. ATAGI has prepared detailed clinical advice for providers to support the introduction of Gardasil®9 in a 2-dose schedule under the school-based NIP. The Handbook chapter will also provide information on interchangeability of vaccines.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
11e	The RACGP supports the proposed changes to a 9vHPV vaccine, which provides an additional 15% reduction in HPV cancer incidence over the current 4vHPV vaccine. The RACGP also supports rationalising of the schedule from 3 to 2 doses. Those who have already completed the HPV schedule still have a 70% reduction in HPV associated cancers, so it is reasonable there is no proposal to offer the 9vHPV to this group.	Reviewed. No change in recommendation made.	Comment noted with thanks.
11f	The RACGP believes the most important issue is achieving high coverage of the vaccine to prevent the HPV infection that causes cervical cancer and other HPV related cancers/disease. This has the additional benefit of herd immunity for those in the wider community belonging to the vaccinated cohort who are not vaccinated.	Reviewed. No change in recommendation made.	Comment noted with thanks.
12a	There are MANY girls with adverse reactions from the HPV vaccine, but Drs are refusing to acknowledge are side effects, so the adverse effects are NOT being recorded as such.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
12b	This vaccine should NOT be added to the vaccination schedule, actually removed, and let parents decide if this is suitable for their daughters.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
12c	There is not enough long term studies of the safety of this vaccine - cervical cancer has predominantly been a slow progressive cancer in older women, so the studies to date can hardly be deemed as long term efficacy or safety studies - considering the age of the girls that first had the vaccine are now the child bearing age, and we have seen a huge escalation in ovarian dysfunction/failure in young woman, huge escalation now with unexplained infertility, and a very LARGE amount of girls that faint after the Gardasil vaccine, and develop POTS - yet these girls are ignored.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
13	HPV has never been grown in the laboratory. HPV vaccine attacks the innate human condition. HPV vaccine efficacy has not been tested over the long term (HPV - cancer happens over 20+years). Vaccines contain confounding elements	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
14a	Seizures, paralysis, infertility, and in some cases, death	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
14b	Independent analysis and testing	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
15a	This initiative has caused changes for cervical cancer screening. It means that women who are not vaccinated – either too old so not suitable or don't want to or can't be are simply being thrown on the scrapheap. The new screening program is for women who have had this vaccine. It is shocking that the Government are prepared to sacrifice lives for cost savings.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
15b	The other side effect is reduction in safe sex practices because people consider themselves covered. But they are not covered for other diseases like HIV. The next consequence is that women won't have pap smears because they are covered. But we all know vaccines are not 100%. And finally, young women are having infertility issues as well as side effects with nerves. The side effects are too high for a disease we have under control with a good screening process.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
16a	Multiple seizures, blood clots, chronic fatigue, severe body pains, early menopause, and death. This evil, dangerous vaccination has never been tested against a saline placebo. No studies on the chemicals included in the vaccine. There is no future for these girls affected by the vaccine. Listen to their stories they will make you weep and angry!!!	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
16b	Stop giving it immediately! Royal Commission needed on the side effects and health consequences of this lethal vaccination. Every day girls are being seriously injured or killed.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
16c	I have been closely following the plight of these injured girls over the last five years or more. It is unbelievable how our Governments and Medical specialist refuse to investigate these atrocities that are happening in our own back yard!	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
17a	We need to address the significant number of reported vaccine injuries, deaths and adverse reactions associated with this vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
17b	I am currently pregnant with my 4th child and whilst I have little aversion to vaccines in general, because of this "all-or-nothing" approach to vaccines it unfortunately this means I will not be allowing my 4th to have ANY vaccines at all. Such a strong stance creates disincentive to comply. You really need to reconsider this. I am not willing to give any of my children a Gardasil vaccine therefore they (including the unborn) will not receive any other vaccine, period. This concerns me greatly, as I know there is a vast majority of pro-bad population that wish to opt out of Gardasil. They've seen the damage with their very own eyes!	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
18a	Yes additional deaths & vaccine injuries	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
18b	Proper studies of HPV to saline placebo need to occur	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
19a	There are so many vaccination injuries including death around the world caused by HPV vaccination. It's criminal to cause so much misery. Increase your risk of cervical cancer, this one makes no sense, a preventive that gives increased risk, DNA has also been found in cases of sudden death and autopsy was done.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
19b	Aluminium, thiomersal (mercury) and sodium borate are toxic to our bodies and can't be eliminated. Alzheimer's is known to be caused by aluminium in the brain, it makes no sense to knowingly add to the Alzheimer's problem.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
19c	This vaccine is causing more problems than it helps. Devastating families. Legislating for personal profit by Mr. Turnbull should be illegal!	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
20	This vaccine maims and kills.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
21a	The HPV vaccine carries massive risks and I believe the risks far outweigh its benefits. There are many worldwide Gardasil injuries. Neurological conditions being the most common. I know of a girl who got hydrocephalus a week after the first Gardasil shot. An Ex Merck employee talks about the effects of the HPV vaccines is far more dangerous than your chance of cervical cancer. I have also seen many cervical cancer cases locally where they had received the shots. When I was a teen I didn't know of anyone with cervical cancer that was before Gardasil.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
21b	The makers of the HPV shot cannot be sued for damages. Who will look after the injured? Our government.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
21c	http://www.mygardasilstory.com/welcome Our children are not your science experiment.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
22a	Page 6 states "There have been no studies directly examining the use of 9vHPV vaccine to complete a series commenced with 4vHPV or 2vHPV vaccines." So yes, I would say there is a potential for all sorts of things and that it is quite reasonable to assume that unless studies are run there is little to suggest that vaccination is a good idea.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
22b	Seems to me that "considerations" are mainly based around implementation and improving public perception to vaccination.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
22c	The fact that the Product Information (PI) for 9vHPV vaccine is not publicly available is a concern. Why is it not available?	Reviewed. No change in recommendation made.	As per routine practice the Product Information (PI) will be available in advance of rollout of vaccine.
23a	There are said to be increased levels of adjuvants in HPV4. For the possible consequences of increased adjuvants see Schoenfeld http://au.wiley.com/WileyCDA/WileyTitle/productCd-1118663438,subjectCd-MD17.html The increase in strains adds to the chaos complexity of immune reaction (vaccine side effects?). You have transparent evidence already for HPV4 and related ASIA?	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
23b	From your document; HPV vaccines used in either 3- or 2-dose schedules have also been shown to be safe. There are no significant safety concerns regarding any of the available HPV vaccines. This statement is supported by an ATAGI review of the evidence supporting the use of a 2-dose HPV vaccine schedule as well as by extensive evidence reviews conducted by the World Health Organization	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
	<p>Global Advisory Committee on Vaccine Safety and a number of other key national and international peak bodies.1,10-13.....then it says Benefits/Risks There are four key benefits from the proposed changes to the use of HPV vaccines:..... 4. A reduction in prevalence of vaccine side effects arising from fewer doses being administered is anticipated. So, what are these vaccine side effects? Does the WHO know of them? Why don't they mention them? Industry does know of the vaccine side effects? Your members know of these vaccine side effects? You are to be evidence based? You have reports on Vaccine side effects as mentioned? You have figures for the deaths in Australia following HPV? For infertility following HPV? For cancer following HPV? For general health complaints following HPV? Would it not be a simple task to contrast Medicare records before and after HPV4, HPV9 and for conscientious objectors? That would be evidence based and would put your committee in a sound position to advise Australians. I note you have detailed conflict of interest procedures for members. This is to be lauded. I noted your acceptance upon face value of WHO advice-safe, despite your later stating a benefit of reducing vaccine side effects. Where do WHO get their advice from? Is Judy Wilyman correct in stating industry bodies are involved in preparing reports which WHO merely pass on and you take as sound? See below#1 Does this meet your evidence based criteria? Does this meet your conflict of interest standards? How deeply have you looked into REGRET evidence? How deeply have you looked into HPV evidence in Japan? How deeply have you looked into HPV evidence in Denmark? Or for that matter, how deeply have you looked into HPV evidence in our country with Australians? My assumption is you have neither done nor commissioned any independent studies in HPV over time. My assumption is that your advisory studies all have industry conflicts of interest,(like WHO's) yet you call them evidence. If evidence is to be our criteria for policy, you should begin to commission transparent independent Medicare based comparisons, HPV4, HPV9 vs. no HPV vaccination and vs. non-vaccinated. They should be continuing and the results could be monthly or quarterly updated on your website, including for infertility, chronic conditions, cancers-any variety and mortality. If the vaccine is as good as the marketers say this proposed website information should make them a fortune and gain Ian Frazer OA enduring honour! It</p>		

	Comment and location in chapter it pertains to	Proposed Action	Rationale
	<p>would also silence the profounder of medical falsehoods. I had proposed similarly to The Honorable Prime Minister Tony Abbott. I believe he was deposed at the mention of such transparent evidence based research.</p> <p>#1<My thesis provides the evidence that the World Health Organisation (WHO) is breaching its charter of promoting objective science by allowing pharmaceutical companies and the World Bank / International Monetary Fund and wealthy foundations, to influence the design of global vaccination programs through the Global Alliance for Vaccines and Immunisation (GAVI).</p> <p>The recommendations for vaccines for WHO global health programs are not being made by sovereign countries in response to their own needs, but by the GAVI alliance – a partnership that includes the pharmaceutical and biomedical companies that benefit from the vaccines they are recommending. These recommendations are provided to the World Health Organisation who then recommends them to be implemented in all WHO member countries. This practice is deceptive and it allows the pharmaceutical companies to benefit from government health policies. This is detrimental to human health and it is non-transparent. > J.Wilyman-open letter 10 November 2017</p>		
23c	<p>Other Comments</p> <p>If there is a possible COST (vaccine side effect) for each benefit, it doesn't seem that your charter has allowed you room to recognise any possible COST? If we have to speak only of benefits but have to be blind to COST we cannot function in a healthy balanced way. We can in our age see the folly of smoking opium to CURE asthma and bronchitis,.. it was definitely not healthy,.. they ended up no wheeze,.. no breathe,.. a catatonic autonomic nervous system. It's time the Government gave your ATAGI and the Health department generally the ability to see both the Pros and the Cons and to find an ideal balance. Shouldn't this be part of your charter and terms of reference?</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
24a	This vaccine has caused so many problems around the world. There is no proof this vaccine is safe nor ongoing research against the reactions which so many young girls are suffering after they received this vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
24b	There needs to be a research by an independent bodies and the public should be able to access to the information freely. Until this vaccine is proved to be safe, the government must not be allowed to make this vaccine available.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
24c	The decision relates to our health should be our responsibility, government cannot coercing into vaccinate. Without give enough research and proofs that any vaccines are safe, take away children's and parents' rights makes me wonder what the underlying reasons for the government's action are.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
25a	The next time someone tells you that vaccines are 'safe and effective' ... ask them to	Reviewed. No change in	Comments not applicable or

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	<p>explain how this could happen to children ... it is so wrong on so many levels: 12-year-old paralyzed after HPV vaccine, doctors say it's psychological April 9, 2017</p> <p>A 12-year-old aspiring pop star from the UK is now bed ridden with paralysis from the neck down after receiving the HPV vaccine called, Gardasil. However, instead of acknowledging a vaccine injury, doctors want to have her committed.</p> <p>Mia Blesky received the Gardasil shot at her school in September. The next day she experienced a burning sensation in her spine and heaviness in her legs. These symptoms quickly progressed to a full loss of feeling in all of her arms and legs. (and the doctors think, 'it's all in her head?!') http://www.naturalhealth365.com/hpv-vaccine-injury-2198.html</p> <p>And the exact same entrenched denial by doctors is occurring to thousands of vaccine injured girls around the world;</p> <p>In March 2015, a Danish national television station (TV2) aired a documentary focusing on girls who suspected they had been injured by the HPV vaccine Gardasil. Immediately after the airing of the show, girls with similar experiences started coming out of the woodwork. Virtually all of the girls had the same story to tell.</p> <p>They began to have serious new medical conditions shortly after using Gardasil so they would go to the doctor. According to Luise Juellund, the vast majority of doctors would tell them the HPV vaccine has no serious side effects and offer psychological problems as an alternative reason for the new symptoms. http://sanevax.org/gardasil-firestorm-in-denmark/</p> <p>Yet industry whistle blowers who warned years ago about this vaccine continue to be ignored and professionally discredited. All to protect big pharma, medial regulators and government's sacred vaccine programs;</p> <p>Merck's Former Doctor Predicts Gardasil To Become The Greatest Medical Scandal Of All Time</p> <p>"The full extent of the Gardasil scandal needs to be assessed: everyone knew when this vaccine was released on the American market that it would prove to be worthless. Diane Harper, a major opinion leader in the United States, was one of the first to blow the whistle, pointing out the fraud and scam of it all. I predict that Gardasil will become the greatest medical scandal of all time because at some point in time, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers. Gardasil is useless and costs a fortune! In addition, decision-makers at</p>	<p>recommendation made.</p>	<p>supported by body of evidence.</p>

	Comment and location in chapter it pertains to	Proposed Action	Rationale
	<p>all levels are aware of it! Cases of Guillain-Barré syndrome, paralysis of the lower limbs, vaccine-induced MS and vaccine-induced encephalitis can be found, whatever the vaccine.” (source) – Dr. Bernard Dalbergue</p> <p>Learn more at: http://www.collective-evolution.com/2015/01/25/mercks-former-doctor-predicts-gardasil-to-become-the-greatest-medical-scandal-of-all-time/</p> <p>This for a vaccine that is completely unnecessary, has never proven effective, only protects against 9 of the more than 100 HPV strains, any immunity is gone within 4 years, is fraudulently marketed as safe and effective, is increasingly mandated for girls and boys around the world, makes billions of dollars for the vaccine manufacturer, has caused thousands of severe and permanent injuries and many deaths around the world and is now being trialled on babies!</p> <p>Medical authorities are not asleep at the wheel. They are complicit in this fraud and they are criminally negligent. The blood of these victims is on their hands.</p>		
25b	<p>Dr. Suzanne Humphries on Gardasil</p> <p>This video shows Dr. Suzanne Humphries going through the Gardasil inserts which the vaccine manufacturer produced and provides with the vaccine and which should be read and understood by every patient or parent before it is administered. It is called informed consent (a fundamental human right and basic medical ethic). So the scientific evidence in this interview is largely from the vaccine manufacturer themselves. Dr. Humphries explains this, as all doctors are obliged to do too, so that patients and parents can have all the facts so they can actually make an informed decision as required by law.</p> <ol style="list-style-type: none"> 1. CDC acknowledges that studies have shown more than 90% of new HPV infections, including those with high-risk types, clear or become undetectable within two years, and clearance usually occurs in the first 6 months after infection – without vaccination! 2. Of the more than 100 HPV strains identified, over 40 can infect the genital area. The Gardasil vaccine purportedly offers short-term protection against up to 9 strains of HPV. 3. Dr. Humphries shows that amazingly the Gardasil vaccine has never been proven to prevent cervical cancer. 4. She shows that the amount of aluminium in the new Gardasil vaccine is much higher and has led to even more severe injuries and deaths than the previous one (40,000 serious adverse events resulting in hospitalisation in the U.S. alone in 2015). 5. The manufacturers own evidence shows that all titers to both Gardasil vaccines are completely gone within 48 months (ie. the vaccine, which is injected into 12 year old girls, and now boys too, no longer provides any immunity after 4 years). 6. The manufacturers own evidence shows that safety trials were performed on control 	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

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	<p>groups that included high doses of aluminium fraudulently making it appear that the vaccine is safe.</p> <p>7. She also shows the evidence that a declared saline solution used as a placebo actually contains dangerous excipient toxins and that the vaccine manufacturer (who performed all these safety studies) tried their best to hide this fact with scientific trickery.</p> <p>But the most shocking part of this interview is that such blatant scientific fraud and criminal deceit is granted approval by medical authorities who are supposed to regulate the vaccine industry! And now they have even started Gardasil vaccine trials on babies! For all those parents, and regulators, who really do want to do the right thing by their kids and make a truly informed decision regarding vaccination, this interview is a must watch...</p> <p>https://www.youtube.com/watch?v=AkyjgY70yPA</p>		
25c	<p>New HPV Vaccine Documentary: Sacrificial Virgins http://vaccineimpact.com/2017/new-hpv-vaccine-documentary-sacrificial-virgins/ Sacrificial Virgins – so named because the vaccine is often given to girls before they become sexually active – will expose controversial evidence to the world in the hope of avoiding a global tragedy similar to the one left in the wake of Thalidomide use. The HPV vaccine is a treatment in widespread use but its efficacy in preventing cancer is medically unproven, while unintended, adverse reactions are blighting and even ending the lives of girls and young women across the world.</p> <p>However, pharmaceutical manufacturers and many health authorities are refusing to acknowledge there is a problem and the medical community is continuing to offer the vaccine. Sacrificial Virgins – Part 1: Not for the Greater Good; https://www.youtube.com/watch?v=KAzcMHbVLS</p> <p>The unnecessary and unproven HPV vaccine is causing serious harm in the community. Please watch this 12 min video and share with your friends the science that is being ignored to claim vaccines are safe and effective. Sacrificial Virgins – Part 2: Pain & Suffering; https://www.youtube.com/watch?v=GQruoHLG4NE&feature=youtu.be</p> <p>MERCK'S DIRTY LITTLE SECRET - BY DR. SUZANNE HUMPHRIES https://www.youtube.com/watch?time_continue=148&v=qbnqO_vJVok</p> <p>NEW STUDY: VACCINE MANUFACTURERS & FDA REGULATORS CAUGHT HIDING RISKS OF HPV VACCINES</p> <p>ROBERT F. KENNEDY JR. AUGUST 12, 2017 http://www.collective-evolution.com/2017/08/12/new-study-vaccine-manufacturers-fda-regulators-caught-hiding-risks-of-hpv-vaccines/</p> <p>Gardasil Vaccine Becomes International Scandal: Deceptive Emails by Health Officials</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

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	<p>Exposed to Public http://healthimpactnews.com/2016/gardasil-vaccine-becomes-international-scandal-deceptive-emails-by-health-officials-exposed-to-public/ HPV (Gardasil) injury scandals worldwide, why is U.S. media silent? Parents beware. https://medium.com/@jbhandley/hpv-gardasil-injury-scandals-worldwide-why-is-u-s-media-silent-parents-beware-86b416691f5b Serious Adverse Events from HPV Vaccine https://vaccineresearchlibrary.com/scream-209-serious-adverse-events-after-hpv-vaccination-post-marketing/ Serious adverse events after HPV vaccination: a critical review of randomized trials and post-marketing case series https://www.ncbi.nlm.nih.gov/m/pubmed/28730271/ Dr. Toni Bark discussing the unusual number of deaths and shoddy safety testing of #Gardasil -- A vaccine that was never actually required to prove that it prevented cervical cancer. 75% of all deaths reported were within 25 days of receiving the vaccine. Gardasil is not the only vaccine that causes serious harm! Listen to the brave and highly educated people who are willing to stand up against this corruption and share life-saving information with you, for FREE, right here: tinyurl.com/9Episodes https://www.facebook.com/RevolutionForChoice/videos/168559710218290/ It seems it's the doctors who can't remember, or more likely have never read, the Gardasil vaccine insert where the manufacturer states the exact same side effects that thousands of girls around the world are presenting to their doctors with. Given the medical industry all read from the same script, it's mass professional denial on an unprecedented scale. Given the facts support the truth it's only a matter of time before this tragic pretence comes crashing down. Concerned that recombinant DNA, if present, might have triggered some of the autoimmune-based inflammatory disorders and malignant tumors observed among children/young women after receiving Gardasil™ vaccinations, medical professionals and vaccine safety advocates from the United States, Australia, New Zealand, Spain, France, and Poland donated samples of Gardasil™ currently distributed in their countries to be examined. In all, 13 different lot numbers were tested by Dr. Sin Hang Lee. One hundred percent of the samples were found to be contaminated with viral HPV DNA residues, firmly attached to the aluminum adjuvant. At the time of Gardasil™ approval, both Merck and the FDA represented that there was no viral DNA in the vaccine.[v] [vi] [vii] Both the FDA and Merck knew, or should have</p>		

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	<p>known, that any residual recombinant HPV DNA left in the vaccine could pose a health risk to any medical consumer injected with Gardasil™.[viii] [ix] http://sanevax.org/sane-vax-inc-announces-the-discovery-of-viral-hpv-dna-contaminant-in-gardasil/ In this interview, BMJ-published Australian GP Dr Deirdre Little tells the story of how a 16-year-old female patient who received the Gardasil vaccine suffered premature menopause. She subsequently discovered that according to the TGA, the Gardasil manufacturer did not conduct studies on ovarian effects of the vaccine or any studies regarding ongoing fertility effects; https://www.youtube.com/watch?v=TBs6BD-Ec44</p>		
26a	<p>Why ask a question like this which should be directed to those who research into the already occurring adverse reactions in other countries? Do you not want a true indication of what parents think about this? Listen to the people and particularly those who have already witnessed or experienced adverse reactions. You really don't want an honest answer from medical people, because they are "hunted down" if they give their true opinions about vaccines. This is a scam survey possibly set up to witch hunt those who have another opinion. You are transparent.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
26b	<p>The general public is becoming more educated so the Government, and Greg Hunt are looking uneducated and ill informed.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
27	<p>This vaccination should not be available at all, it has caused many deaths and injuries worldwide, there is ample evidence of this available. Personally my Daughter is injured by this vaccine and has sustained brain damage from it! Many many cases against this vaccine can be found at the link below: http://www.vaccine-injury.info/gardasil.cfm This vaccine should be taken off the market immediately as it is definitely not safe at all!</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
28a	<p>Government should have investigated the risk.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
28b	<p>Honest reporting mechanism for death & injury caused by this vaccine. 10 independent non-aligned scientific with proof/evidence of studies then published with ZERO editing by media or pharmaceutical companies.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
29a	<p>Can you be sure one size fits all and is it 100% risk free? Since all these are man made from chemicals and how it will affect human since some can't even tolerate natural stuffs. Will it cause death, seizures, headaches, dizziness, body pain?</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
29b	<p>Who will be responsible if the kids have any reaction with the vaccines? Is the government going to be responsible or just brush it aside?</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
30a	We have seen these risks in America and the pervious vaccines. Seeing it also among those I know personally with the older vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
30b	This vaccine needs more trails, research shows it was fast tracked and I don't believe the Government or manufactures are really listening to the people with their concerns and reports of side effects.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
30c	Manufactures need to have immunity removed, a company who can be sued has greater incentives to make the best products and advance its approach. How can we advance with no incentives to better ourselves. This could also likely make more people more comfortable with the product. I know many who simply refuse because they feel there is no transparency regarding this vaccine, from non vaxx friends to those who fully Vaxx but avoid the HPV.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
31	The consequences are not fully studied. Does the vaccine have a carcinogenic effect? Are the ingredients toxic ie formaldehyde.. aluminium ... polysorbate 80... animal DNA... These points should all be examined before going forward.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
32	Death and disability of innocent children and teens. Extremely likely based on reports from around the world. No benefits at all to any one apart from big pharma and bought politicians	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
33a	Infertility, seizures, paralysis and death. All proven and very likely to happen.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
33b	When cervical cancer isn't even proven to be caused by these few 'vaccination strands' and no longer term human studies how can you even think of giving this poison to innocent children?	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
34a	There has been many documented cases all over the world of severe adverse reactions even death from the HPV vaccine. The government must take these into consideration and ensure the safety and efficacy of such a vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
34b	There has not been enough evidence to prove the safety or efficacy of this vaccine. Vaccines are brought to the market place with no testing no evidence of any benefit and yet pumped out like it's nothing. Young people are dying and all you are asking is the benefit of a disease which is highly unlikely to be contracted at all.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
34c	This is the most ridiculous proposal ever.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
35a	Blood and lymphatic system disorders: Autoimmune haemolytic anaemia, idiopathic thrombocytopenic purpura, lymphadenopathy. Respiratory, thoracic and mediastinal disorders: Pulmonary embolus. Gastrointestinal disorders: Nausea, pancreatitis, vomiting. General disorders and administration site conditions: Asthenia, chills, death, fatigue, malaise. Immune system disorders: Autoimmune diseases, hypersensitivity reactions including anaphylactic/anaphylactoid reactions, bronchospasm, and urticaria. Musculoskeletal and connective tissue disorders: Arthralgia, myalgia. Nervous system disorders: Acute disseminated encephalomyelitis, dizziness, Guillain-Barré syndrome, headache, motor neuron disease, paralysis, seizures, syncope (including syncope associated with tonicclonic movements and other seizure-like activity) sometimes resulting in falling with injury, transverse myelitis. This is a list of adverse events that were reported AFTER Gardasil 9 hit the market. Not one of these side effects were mentioned in the mere 7 clinical trials conducted to test the safety and efficacy of the vaccine. The clinical trials did not involve a genuine placebo, Gardasil 9 was measured up against the old Gardasil vaccine which is unacceptable. This vaccine has a higher aluminium content which is also unacceptable when the science is clear on how aluminium impacts the brain.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
35b	A genuine long term clinical trial with a saline placebo to see the real dangers and health implications of the vaccine. 15,703 people participated in these 7 clinical trials. 354 people reported a serious and debilitating vaccine reaction!!!! That there should be enough for anyone to say this is not safe enough yet, further tweeking is necessary. The government would be putting thousands and thousands of lives at risk if this goes through. Our children are not experiments. Make the vaccine safer. It is appalling to see this vaccine was approved after only 7 trials. This is the health of our children which is on the line here.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

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35c	<p>Intramuscular injection of alum-containing vaccine was associated with the appearance of aluminium deposits in distant organs, such as spleen and brain where they were still detected one year after injection. Both fluorescent materials injected into muscle translocated to draining lymph nodes (DLNs) and thereafter were detected associated with phagocytes in blood and spleen. Particles linearly accumulated in the brain up to the six-month endpoint; they were first found in perivascular CD11b+ cells and then in microglia and other neural cells. DLN ablation dramatically reduced the biodistribution. Cerebral translocation was not observed after direct intravenous injection, but significantly increased in mice with chronically altered blood-brain-barrier. Loss/gain-of-function experiments consistently implicated CCL2 in systemic diffusion of Al-Rho particles captured by monocyte-lineage cells and in their subsequent neurodelivery. Stereotactic particle injection pointed out brain retention as a factor of progressive particle accumulation. The study went on to conclude that “continuously escalating doses of this poorly biodegradable adjuvant in the population may become insidiously unsafe, especially in the case of overimmunization or immature/alterd blood brain barrier or high constitutive CCL-2 production.”</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318414/ https://bmcmecine.biomedcentral.com/articles/10.1186/1741-7015-11-99 Here is the insert for Gardasil 9: https://www.google.com.au/url?sa=t&source=web&rct=j&url=https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm426457.pdf&ved=0ah_UKEwjgo6qVkezWAhUGfLwKHe61A_AQFggdMAA&usg=AOvVaw2I8FBBiP062eb2wQIDCejl</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
36a	Should be a compensation fund for the kids that are harmed from it.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
36b	To have parents consent and should not effect any income that is funded by us tax payers.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
36c	Schooling is a need not a want don't take it off kids for your greed.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
37a	There are many possible outcomes that are not outlined. The list of side effects as listed on the insert including but not limited to death, paralysis. This should not be forced upon our children.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
37b	They should not be included in the immunisation schedule.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
38a	There is an overwhelming body of evidence regarding the dangerous and lasting adverse reactions to the HPV vaccine. To continue its use goes against any logic, and to increase its use is pure negligence. There are no studies to prove its effectiveness or it's safe use. To the contrary, several studies prove that there has been no less cases of cervical cancer and that pap smears are most effective and safer.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
38b	Stop giving it to humans! When there is no scientific proof that the HPV vaccine has any lowering effect on the rates of cervical cancer, why continue its use or increase its use. Pap smears are more effective and safer to use.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
39a	There is a huge amount of evidence that documents the dangerous and long lasting adverse reactions to this vaccine. Why would the Australian government continue to use a dangerous, ineffective vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
39b	Long lasting effects. There are no reports/studies that this vaccine actually works/lowers the rate of cervical cancer. Pap smears are still the most effective and safest way to prevent cervical cancer.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
40a	The HPV vaccine is the most dangerous and damaging of all vaccines. It activates dormant cervical cancer cells, causes seizures, paralysis, infertility and most importantly, death. This vaccine should not be legal to administer to either males or females of any age. It was never tested properly, instead human guinea pigs in Australia, America, New Zealand & the UK have been used to unwillingly trial this deadly vaccine. The likelihood of a side effect occurring following this vaccine is extremely high.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
40b	Yes, it maims and kills people daily and shouldn't be administered to anyone. This is a form of genocide. Who is held accountable for the risks and adverse reactions of this vaccine?	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
41	Implementation should accompany straightforward information about the risks, benefits and previous success of the vaccine (including the previous vaccine) in layman's terms to help combat the misleading information disseminated by anti-vaccine groups.	Reviewed. No change in recommendation made.	Comment noted with thanks.
42a	The original intent of the HPV vaccine has already been skewed. It was never intended for males or infants, now look at what is happening. *Independent* studies need to be done on the safety and efficacy of this vaccine (and all vaccines). When has it become acceptable to sacrifice the health and wellbeing of some, for the many? Any adverse event is important, and judging by the numbers on the TGA's DAEN system (which is voluntary and horrifically under-reported), there have already been thousands of adverse events. http://apps.tga.gov.au/PROD/DAEN/daen-report.aspx	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
42b	General practitioners need to intensely study and research ANY vaccination that they are administering before they are allowed to give it. They learn nothing about the ingredients, the risks, adverse event reporting, nothing. It is not acceptable.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
43	Yes, it is well documented that the HPV vaccine is unsafe. There are many documented cases of severe reactions to this vaccine. The vaccine does not replace the need for women to have regular PAP tests. Which is still the most effective form of reducing the incidence of cervical cancer. There is no clinical evidence to make a vaccine mandatory for no medical benefit (reduced cervical cancer or PAP tests).	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
44a	The huge risks are severe permanent damage or death! I don't see any benefits to this vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
44b	Maybe consider all the families that have lost children or now have to care for their disabled child due to trusting that this vaccine was safe, and or even effective!	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
44c	Stop forcing our precious children to be injected with toxic, harmful crap. It is criminal!	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
45a	This vaccine has many many documents and experiences detailing the EXTREMELY HIGH RISK of serious damage after injection. Thousands of people worldwide have documented the damage because govts and doctors refuse to acknowledge the side effects.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
45b	Every reaction to this vaccine needs to seriously considered and documented and not ignored. The current procedures are disgusting and playing Russian roulette with our children's lives.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
45c	I am not happy at with the govt and AMA pushing vaccines onto our children without true independent studies being done. Thousands of doctors speak up about this and are threatened with losing their license if they continue. This system is killing our children and ruining the future of our country.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
46a	It has been widely documented that the risks from this vaccine far outweigh any potential 'benefit' so to speak. The only benefit one can think can occur if one believes erroneously that 'cancer' is an infectious disease. The death and vaccine injured girls are too numerous to ignore.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
46b	All the adverse reactions to this vaccine, the deaths and permanent injuries need to be listed in full for all to see and consider. All of them.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
46c	In my humble opinion and having read extensively about the deaths and injuries, it would be pertinent to remove this 'vaccine' altogether, as there is no proof that it will prevent 'cancer' whatsoever.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
47a	<p>HPV s mostly removed from the body by most individuals. The link between the occurrence of HPV and its progression to cancer is not well established. Vaccine injuries are relatively high among many international populations to the extent that many populations (including 300 doctors in Spain) appealing to authorities to review its schedules use. Denmark has launched its own investigation, after the European Unions results were conducted by researchers who had a major role in developing the vaccine - -providing a large potential bias.</p> <p>At best these concerns suggest a very conservative policy with respect to the population wide administration of this vaccine and the assumption that it is both safe and effective.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
47b	<p>Of concern are two inflammatory autoimmune conditions in particular: complex regional pain syndrome (CRPS),¹ which causes sensory and motor dysfunction, including severe skin and bone pain; and postural orthostatic tachycardia syndrome (POTS)² which increases heart rate abnormally and causes dizziness, fainting, chest pain, headache and weakness. A large number of young women have been referred to specialist agencies, some 1300 in Denmark alone.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
47c	<p>Australia's approach to vaccine science has been to overestimate the effectiveness of vaccines and to down play any stated and legitimate concerns as being without evidence or only the domain of crackpots. But there is an increasing and alarming body of evidence indicating deep and intractable problems for thousands of children who are vaccinated and especially young woman and some boys who have even died after receiving this vaccine. Doctors often claim (as in the recent Senate inquiry) that adverse events are "1 in a million", but the figures are more like 1 in 450...a very large scale of error. The US Vaccine Court now pays out more to HPV vaccine injury than any other vaccine, second only to the flu vaccine (another grossly exaggerated vaccine). Please call a halt to this utilitarian madness that injects toxic material into healthy young woman.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
48a	<p>There have been many documented cases of severe adverse events with the HPV4. For ATAGI, PBAC, TGA, AMA, GAVI-WHO, to not acknowledge the disabilities and death this vaccine has caused and continues to cause is gross medical negligence at best. To enforce this on our children after countries have banned its use and others are suing the manufacturer - is beyond reprehensible.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

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48b	Schools should never be used as places for medical procedures. This is a medical procedure. If parents choose to vaccinate their child they should go to their GPs medical clinic. One size does not "fit all" with any medicine. There must be proper informed consent given to parents. Prior to administration of any vaccine there should be an extensive family history taken. This does not happen at school. The people vaccinating there do not have extensive knowledge of these children's families medical history. Who will take on the liability should there be serious adverse events an hour later?	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
48c	There is a reason why people - especially parents - do not trust the medical profession any more - the ones that are "recommending" vaccine after vaccine. Because no one listens or even acknowledges adverse events after they happen...and that does not mean - sit down for 15 minutes and if there are no ill effects then it's all OK. You and the rest of the alphabet departments do not care about our children. We have tried to speak but you have ignored us. I am ashamed of what our country has become with this ever exploding vaccination schedule and those that are reaping the rewards of this shameful and debilitating vaccine toxic overload you call "safe and effective".	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
49	https://articles.mercola.com/sites/articles/archive/2017/11/11/vaccine-safety-greater-good.aspx?utm_source=dnl&utm_medium=email&utm_content=art1&utm_campaign=20171111Z1_UCM&et_cid=DM165105&et rid=114649278	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
50	Proper scientific studies on the safety and efficacy of the vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
51a	Death!! This is massive! Children die because of this vaccine, become paralysed or contract cancer anyway because the vaccine irritates the cells and causes an outbreak!	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
51b	Please stop with the forcing vaccinations on people!!! It should be a choice! And people should be fully informed of ALL possible side effects!	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
52a	Super fast-growing cancer comes from this putrid vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
52b	Unnecessary poison.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
52c	Too many maimed and dead kids from this putrid vaccine.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
53a	"Systemic Autoimmune Disorders In all of the clinical trials with GARDASIL9 subjects were evaluated for new medical conditions potentially indicative of a systemic autoimmune disorder. In total, 2.2% (351/15,703) of GARDASIL9 recipients and 3.3% (240/7,378) of GARDASIL recipients	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
	<p>reported new medical conditions potentially indicative of systemic autoimmune disorders, which were similar to rates reported following GARDASIL, AAHS control, or saline placebo in historical clinical trials.” ref: Gardasil vaccine insert.</p> <p>At 2.2% to 3.3%. that translates to 22,000-33,000 new autoimmune disorders per million. This is an unacceptable risk to Australian families.</p> <p>Gardasil9 contains 5 times the amount of aluminium recommended by the FDA as the maximum safe level for a child. Single Gardasi9 = 500mcg</p> <p>There is not a single peer-reviewed scientific study demonstrating that aluminium is safe in the amounts contained in vaccines currently being administered to children and pregnant women.</p> <p>Cervical cancer is a rare disease in developed countries which invalidates the recommendations for universal immunization with any HPV vaccine. The incidence of cervical cancer has dropped substantially since implementation of regular Pap screening procedures. Currently, in the US, the death rate from cervical cancer (2.4/100,000 women) is lower than the rate of reported serious adverse events, including death, from Gardasil (3.34/100,000 doses distributed).</p> <p>Lucija Tomljenovic, PhD, University of British Columbia</p> <p>This data from the Vaccine Adverse Event Reporting System - VAERS USA</p> <p>HPV 4 Gardasil® – HPV 2 Cervarix® clearly shows that the risks associated with this vaccine do not warrant it being included in our immunisation schedule.</p> <p>Life threatening incidents post HPV Vaccines in relation to all other vaccines. Post HPV incidents amount to 24% against the total of 73 vaccines, 6 times greater than average.</p> <p>Emergency room visits post HPV Vaccines in relation to all other vaccines. Post HPV incidents amount to 26% against the total of 73 vaccines, 6½ times greater than average</p> <p>Hospitalizations post HPV Vaccines in relation to all other vaccines. Post HPV incidents amount to 25% against the total of 73 vaccines, 6 times greater than the average.</p>		

	Comment and location in chapter it pertains to	Proposed Action	Rationale
	<p>Disabling events post HPV Vaccines in relation to all other vaccines. Post HPV incidents amount to 36% against the total of 73 vaccines, 9 times greater than average.</p> <p>Percentage of those who have not recovered post - HPV Vaccines in relation to all other vaccines. Post HPV incidents amount to 29% against the total of 73 vaccines, 7 times greater than average.</p> <p>Deaths post HPV Vaccines in relation to all other vaccine deaths. Death post HPV vaccination in relation to all other vaccines is 13% of all death reports, 3 times greater than the average.</p>		
53b	<p>It has never been proven that the HPV vaccine prevents cervical cancer. There is no scientific evidence of any kind. The vaccine Gardasil was "fast tracked." The FDA requires new vaccines to undergo testing and a waiting period of 4 years. Gardasil was developed and on the market in 6 months, with FDA approval. This is illegal.</p> <p>Governments overseas are withdrawing the Gardasil vaccine from their programs due to high levels of unacceptable adverse outcomes including death. Japan are reporting side effects ranging from long-term pain and numbness to infertility and paralysis. In the wake of these complaints, the Japanese government has decided to withdraw its support for HPV inoculations. We must not include Gardasil9 in our schedule until conclusive. long term (gold standard) scientific research has been undertaken on this vaccine.</p> <p>The Australian government does not have an active monitoring system for adverse events and is unable to prove the effectiveness or safety of this vaccine. By including Gardasil9 in the Australian vaccine schedule the Australian Government is conducting an unmonitored experiment on the Australian population. This is unacceptable.</p>	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
54	Yes, there are additional risks or benefits.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
55a	There is an overwhelming body of evidence regarding the dangerous and lasting adverse reactions to the HPV vaccine. To continue it's use goes against any logic, and to increase it's use is pure negligence.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
55b	When there is no scientific proof that the HPV vaccine has any lowering affect on the rates of cervical cancer, why continue it's use or increase it's use. Pap smears are more effective and safer to use.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

	Comment and location in chapter it pertains to	Proposed Action	Rationale
56	Yes, there are additional risks or benefits.	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.
57	No benefits	Reviewed. No change in recommendation made.	Comments not applicable or supported by body of evidence.

3 Appendix A – Public consultation distribution list

An email was sent on 30 October 2017 to the following organisations/committees to provide advice on the consultation:

- Australian Health Ministers Advisory Council;
- Australian Health Protection Principal Committee;
- Communicable Diseases Network Australia;
- National Immunisation Committee;
- Australian Technical Advisory Group on Immunisation;
- Pharmaceutical Benefits Advisory Committee;
- Advisory Committee on Vaccines;
- General Practice Roundtable;
- Royal Australasian College of Physicians;
- Primary Health Networks;
- Consumers Health Forum of Australia; and
- Australian Association of Practice Managers.