

The Gardasil/HPV vaccine - Informed Consent: The data, dangers, and deaths.

Introduction to the Gardasil vaccine

The Gardasil vaccine has been considered to be a breakthrough vaccine for women and women's health, marketed incorrectly and somewhat ironically as "the cervical cancer vaccine", allegedly for the prevention of cervical cancer. But does it really do this? No!

The Gardasil vaccine is not going to prevent cervical cancer, as it is an HPV vaccine - a vaccine against the Human Papilloma Virus (HPV), a viral infection that is mostly, but not completely, a sexually-transmitted disease. With over 100 HPV viruses in the wild, can this vaccine really prevent an HPV infection or even cervical cancer? Again, no!

In 2007, the first Gardasil vaccine became available for public use, containing 4 strains of HPV - 2 which can cause genital warts, and 2 that may cause cervical cancer. Hence this version is now known as Gardasil 4. In 2018 a new Gardasil vaccine became available, with 9 strains of HPV viruses - still a long way short of the 100 possibles (*WHO, 2019*). The Gardasil vaccine was initially given only to girls of pre-teen or teenage years. In more recent times, teen boys are now recommended to get this vaccine too, as while they do not have a cervix, they too can carry the HPV vaccine and infect their sexual partners.

This article will look at what you are not being told about this vaccine, why it is one of the most dangerous vaccines to ever come onto the market, and why you need to read this and confirm this information, BEFORE you inject your children with it... This is called "informed consent" - the right to know what you and your children are being injected with in this medical procedure, of the risks vs benefits, side effects and possible adverse outcomes of which there are many, so that you can make up your own minds as to whether you wish to submit your children to this almost untested vaccine, and the right to decline based on being given this information. Yes Gardasil is "almost untested" is actually true - it wasn't tested in a true scientific way, as explained in these referenced facts below.

In this article and the following facts, I will refer to the original Gardasil vaccine as "Gardasil 4" to differentiate it from information from the new 2018 version of "Gardasil 9".

The following is a summary of key points in the history, testing, and use of the Gardasil vaccines, including side effects and severe adverse reactions:

1. The original Gardasil 4 vaccine was fast-tracked by US drug regulators, the Food and Drug Administration (FDA) after only a **6-month** clinical test. Normally, new vaccines take many years to a decade or longer to undergo testing before approval is granted. This lack of testing will be explained further below, and is why it has many health effects.
2. There are over 100 types of the Human Papillomavirus (*WHO, 2019*), yet the original Gardasil vaccine only contained virus particles to 4 of them (*FDA, 2018*). The new Gardasil 9 still only contains 9 types of HPV particles.
3. In scientific testing of pharmaceuticals and vaccines, the manufacturer must compare the results of the test group (those receiving the drug or vaccine) against a control group (those receiving a placebo) - people who do not actually get the drug or vaccine. The placebo generally must be an inert substance, or one which does NOT have any effect, such as a sugar pill or a saline (salt) injection. Tests are normally done "blinded", meaning that the test

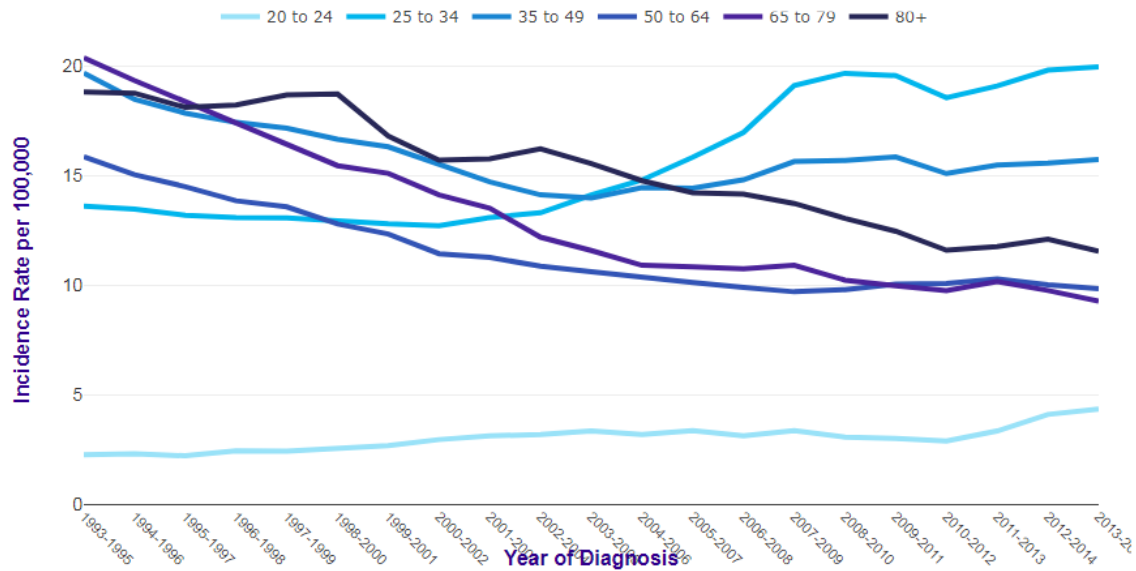
subjects are not aware that they are getting the actual product being tested or the placebo, or "double-blinded", so the test subjects AND the researchers don't know who is getting what - to reduce any possible bias or manipulation of the data. In Gardasil 4, the manufacturer did NOT use an inert placebo, but one containing "Amorphous Aluminium Hydroxyphosphate Sulfate" (*Seqirus, 2019*), being the adjuvant (immune system stimulating) product used in the real vaccine! The same adjuvant was used in the vaccine AND in the control group. This was a deliberate attempt at manipulating the test results to show that the vaccine caused no more side effects than the placebo, and thus be deemed "safe". Despite the fact that the vaccine (and the placebo) both caused many side effects, and the manipulation of the scientific method used in the tests of this product, it was approved by the authorities. Read more below about the issues with this aluminium adjuvant.

4. Gardasil 4 contains 225 micrograms of aluminium as an adjuvant. Gardasil 9 has over **DOUBLE** this amount of neurotoxic aluminium at 500 micrograms (*Seqirus, 2019*).
5. The Gardasil vaccine protocol requires a series of 3 vaccinations. This is because the *seroconversion*, or development of HPV antibodies, is very low or non-existent in many recipients after the first shot. Hence a second and third shot are needed, to try and stimulate the immune system into producing HPV antibodies. Even after 3 Gardasil vaccinations, some recipients may not have developed any antibodies, and are therefore not immune to the virus.
6. Gardasil was tested by the manufacturer on females from 16 to 45 years old, and males from 16 to 26 years old. Yet the age group which the vaccine is given to is much younger - usually 12-15 years (*Seqirus, 2019*). In effect, those in this age group are given a vaccine which is UNTESTED for this population.
7. Even in the manufacturer's own testing of the vaccine, people still contracted HPV and some even developed cervical cancer to CIN III stage, which was serious enough to require surgery. Yet the manufacturer still claimed 100% efficacy for protection against the 4 HPV types (*Seqirus, 2019*).
8. Even the FDA (Food and Drug Administration, the US medicines regulator) says on their website that "Most people don't have any signs (of HPV infection). HPV may go away on its own-- without causing any health problems"! So why do we need this dangerous vaccine?! (*FDA, 2018*)
9. The manufacturer noted in their product information for Gardasil 4 that testing showed "Subjects who were **already** infected with one or more vaccine-related HPV types prior to vaccination **were protected from clinical disease** caused by the remaining vaccine HPV types" (*Seqirus, 2019*). This is your natural immune system doing its job! So actually contracting the HPV naturally actually stimulates immune protection against the other types! So again, why do we need this vaccine?
10. The manufacturer also noted that test subjects who already had HPV at the time of testing the vaccine "did not show a statistically significant reduction of CIN or AIS (cervical cancer) compared to placebo". They also said "GARDASIL has not been shown to protect against the diseases caused by every HPV type, and will not treat existing disease" (*Seqirus, 2019*).
11. People who are sensitive to any of the ingredients of Gardasil must not receive the vaccine. Those who develop symptoms of hypersensitivity after receiving a dose of Gardasil should not receive further doses (*Seqirus, 2019*).
12. Gardasil 4 was not been tested for whether or not it, or its ingredients, may cause cancer. It was also not tested for whether it may cause gene damage which can precede or subsequently cause cancer (*Seqirus, 2019*).

13. Gardasil 4 was tested for possible effects on fertility, in rats, without any effects. Gardasil 4 was also tested for fertility effects in women (*Seqiris, 2019*).
14. Gardasil 4 was not tested in pregnant women, and is not recommended for pregnant women. Despite scientific protocols banning pregnant women from being used as medical test subjects, Gardasil 4 was tested on pregnant women, which resulted in spontaneous abortions, miscarriages, late foetal death, and birth defects in those who received either the Gardasil 4 vaccine or the (aluminium-laced) placebo in 22-27% of cases known. Yet despite these results, the manufacturer claims, "there is no evidence to suggest that administration of GARDASIL adversely affects fertility, pregnancy, or infant outcomes" (*Seqirus, 2019*).
15. Gardasil 4 was not tested in humans for effects on lactation (breastfeeding). Studies in rats showed HPV antibodies in the offspring, so the vaccine does get transferred via breast milk (*Seqirus, 2019*).
16. Side effects of Gardasil 4 were only recorded within 15 days of the vaccination, and include pain and swelling around the injection site, headache, fever, nausea, dizziness and pain in extremities, difficulty breathing, joint pains, migraines.
17. Other Gardasil side effects and reactions include seizures, systemic pain, headaches, muscle pain and weakness, joint pain, paralysis, fatigue, numbness, low blood pressure, high heart rate, nausea and vomiting, diarrhoea, respiratory difficulties, asthma, menstrual disorders, psychological issues, hallucinations, cognitive impairments, memory difficulties, poor concentration, sleep disorders, and many more (*Beppu et al., 2017*).
18. Due to the number of adverse reactions and complaints about Gardasil, some countries (such as Japan) have stopped the Gardasil vaccination program (*Beppu et al., 2017*). Considering that other countries are having exactly the same adverse reactions and deaths, why haven't our health departments or drug regulators done the same?
19. Because Gardasil contains aluminium as an adjuvant, and aluminium having neurotoxic effects - being toxic and damaging to nerves, the nervous system and brain, Gardasil can cause nerve damage that results in chronic, severe and long-term side effects (*Shaw & Petrik, 2009; Alleva, Rankin & Santucci, 1998; Shaw, Li & Tomljenovic, 2014*).
20. Side effects to Gardasil can be varied and difficult to trace back to the one of the 3 shots needed.
21. The HPV virus is responsible for 70% of cervical cancers, so a vaccine against this virus isn't going to prevent all possible cases (*New Scientist, 2006*).
22. Ten people died from the original manufacturer's testing of the 2 Gardasil vaccines, 5 in each study. Many hundreds more have died from the Gardasil vaccination since it has been on the market. Death shortly after being vaccinated with Gardasil is a very real outcome. Hence why it is so important to be informed of this information, and having a right to decline this vaccine. Where there is a risk, there must be a choice. And an **informed** choice, which you have not been given, until now.
23. Before Gardasil 4 was introduced, rates of cervical cancer were already falling and were at their lowest levels ever recorded. This reduction of incidences of cervical cancer were due to increased sex education, promotion of condoms and other initiatives.
24. When Gardasil 4 was released in 2007, the rates of cervical cancer have **INCREASED** in Australia, the UK and other countries **every year** since. Gardasil has NOT reduced rates of cervical cancer at all! (*Cancer Research UK, 2019*)
25. Cancer Research UK announced an alarming 54% rise in cervical cancer among 24-29-year-olds, the first generation to receive the HPV jabs (*Cancer Research UK, 2019*). See the graph below, which shows 3 blue lines rising since 2007 for increased incidences in all these age groups:

Cervical cancer incidence rates have decreased overall in some broad age groups in females in the UK since the early 1990s but have increased in others. [1-4] Rates in 20-24s have increased by 93%, in 25-34s have increased by 47%, in 35-49s have decreased by 20%, in 50-64s have decreased by 38%, in 65-79s have decreased by 55%, and in 80+s have decreased by 39%.

Cervical Cancer (C53), European Age-Standardised Incidence Rates, By Age, Females, UK, 1993-2015



Reference: Cancer Research UK, 2019

26. Gardasil is known to cause several autoimmune conditions, including SLE (ie, lupus), ASIA syndrome (Autoimmune Syndrome Induced by Adjuvants), Multiple Sclerosis, Transverse Myelitis (an autoimmune neurological condition, similar to Multiple Sclerosis or paralysis), and others, in many cases very shortly after the vaccination (*Vadalà, Poddighe, Laurino & Palmieri, 2017; Hu, 2019*). The manufacturer's own product insert states that 2.2% of Gardasil 9 recipients and 3.3% of Gardasil 4 recipients developed NEW autoimmune medical conditions after the vaccine (*Merck, 2020*). See this statement taken from the USA product insert in the following image. Note that this statement does NOT appear in the Australian product information insert for Gardasil 9.

Systemic Autoimmune Disorders

In all of the clinical trials with GARDASIL 9 subjects were evaluated for new medical conditions potentially indicative of a systemic autoimmune disorder. In total, 2.2% (351/15,703) of GARDASIL 9 recipients and 3.3% (240/7,378) of GARDASIL recipients 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.

Reference: Merck. (2020). Gardasil 9 product information (USA/FDA version)

27. Gardasil can cause a little-mentioned adverse event condition called "ovarian failure", or in another word, "sterility" in females (*Vadalà, Poddighe, Laurino & Palmieri, 2017*). Affected girls and women won't be able to have children, as a direct result of the Gardasil vaccine. Hence if you (as a parent) are looking for more balanced and informed advice on Gardasil, and if you would like grandchildren, perhaps you should not recommend this vaccine to your children.

28. Vaccinations only give at best a temporary immunity to an HPV infection, of approximately 4 years (*WebMD, 2020*). After this time, when many adolescents are beginning to have sex, they may no longer be immune to HPV.
29. As Gardasil doesn't protect people from other sexually-transmitted infections, condoms and/or other contraceptives are still required. Condoms can reduce the risks of contracting HPV, genital warts and also cervical cancer, even without the vaccine (*CDC, 2019*).
30. In Australia there is a class action legal action taking place, for victims of the Gardasil vaccine who had severe adverse reactions. They have a Facebook page called "Gardasil Class Action Australia" if you would like to join and find out more.

Risk factors for contracting HPV and development of cervical cancer

Studies have shown that cervical cancer isn't only caused by the HPV virus. In fact, other causative factors **must** also occur for the development and progression of cervical cancer, especially:

1. an imbalance in the female hormones oestrogen and progesterone, and male hormone testosterone (*Roura et al., 2016*),
2. and an immune system dysfunction.

Other factors which can increase the risks of HPV and cervical cancer include (*Burd, 2003*):

- Stress - very common around teenage and adolescent years, as stress causes a hormone imbalance, nutrient deficiencies and lowers immune system function
- Nutrient deficiencies - for nutrients needed for immune system function, hormone production, growth and tissue repair
- Lifestyle factors - drinking, smoking, drugs, insufficient sleep quantity or quality, low exercise
- Medications - anti-inflammatories, NSAIDs, corticosteroids, and immuno-suppressives
- Other infections - Cytomegalovirus, human herpesvirus 6 and 7 and others
- Oral contraceptives - long term use of these can be a significant factor in some studies.

If a female has any PMS symptoms, irregular periods, pain, cramping, sore breasts and other period symptoms, this indicates a hormone imbalance which should be assessed by a health practitioner (Nutritionist/Naturopath) as these symptoms can be cleared to reduce the risks of HPV and cervical cancer.

If these risk factors are identified and minimised, the risks of contracting HPV and it causing cervical cancer can be greatly reduced. All without a dangerous vaccine.

Independent investigation into Gardasil 9

In 2019, an independent team of Italian scientists from a group called Corvelva, started investigations into many common vaccines and their ingredients. They reviewed the Gardasil 9 vaccine ingredients from several batches, looking at the genetics of the RNA and DNA of the pathogens and other ingredients in the vaccine. They found the following (*Corvelva, 2019*):

1. The Gardasil 9 vaccine should contain antigens from 9 HPV viruses, but only 7 were actually found!
2. One of the missing HPV viruses (type 11) is commonly associated with cervical lesions, and another (type 58) is frequently associated with cervical cancer, hence no protection will be present for these 2 HPV strains.
3. There were 338 chemical contaminants detected which should not have been in the vaccine.

4. Various bacteria and yeasts from laboratory contamination were found in the Gardasil vaccine. In fact 54% of the DNA in this vaccine was from over 2 dozen other bacteria, parasite and yeast microbes which shouldn't be there!
5. Human and mouse DNA. This can increase the risk of autoimmune conditions by causing immune system dysfunction.
6. HPV virus DNA fragments - which are not intended parts of the vaccine per se. These are more contaminants which may be able to be integrated into your DNA and cause autoimmune reactions.
7. Molluscum contagiosum virus - a type of pox virus which causes skin blemishes and rashes, now quite common but not so much in the past. Now you know why there's more of it around...
8. Other retroviruses - which can become integrated into your DNA, can cause genetic mutations and cancers. This includes Human endogenous retrovirus K, L-BC virus, narnavirus, infectious equine anaemia virus, all which were found in this vaccine.
9. Mouse leukaemia virus - which causes a white blood cell cancer.

Clinical Observations

In my clinical practice, I have seen many female patients who have presented with very strange symptoms that no doctor was able to find the cause of, or diagnose, or be able to treat to reduce their symptoms. My detailed questioning in my initial consultations picked up on the onset of their symptoms, which was around the start of their teen years. On intuition initially and lately from experience, I asked what may have happened at that time, or whether they had the Gardasil vaccine. In many cases, they said the symptoms appeared shortly after this vaccine. Sure this is what is known as "anecdotal evidence" but the published evidence referenced here, and from many more studies since the Gardasil vaccine became available, confirms that these side effects and adverse reactions are from the vaccine and are very real. Because doctors don't try to trace the root causes of health conditions, they don't know that Gardasil has these reactions. This can lead to the patient suffering for years to a decade or longer before being diagnosed, if at all.

A very common ongoing adverse reaction I have seen in practice is a combination of chronic digestive complaints together with heart symptoms. The heart symptoms often present as a racing heart (tachycardia) which the person may or may not feel, or slow pulse (bradycardia), or arrhythmias (irregular heart beat), or having all of these - a fast heart beat becoming slow then racing again in quick succession. Heart rate testing can show a very wide range of beats, often a difference of 20+ beats per minute from low to high and low again when rested. Orthostatic testing of heart activity, of testing blood pressure and pulse when laying down, and immediately on standing, can show a steady BP but an even higher pulse rate on standing, and an overall difference in pulse of 30-40+ beats per minute. In teens who have these symptoms, many cannot tolerate any exercise, and some athletic teens have had to give up on their sports because of a sudden reduced performance after their Gardasil vaccination.

Other related symptoms from the heart dysfunction include frequent fainting and dizziness, headaches, weakness and fatigue, chest pain, shortness of breath, poor thinking or low memory and concentration (*NHS, 2019*).

Together with the irregular heart function, the same patients also have chronic digestive complaints, of pains, cramps, IBS (Irritable Bowel Syndrome), Ulcerative Colitis, hypochlorhydria (low stomach acid), chronic nausea, and other digestive complaints.

The digestive system is affected together with the cardiovascular system, as both systems are controlled by nerves, or more particularly, branches of the *autonomic* nervous system. The dysfunction of these systems can suggest a diagnosis of *Dysautonomia*, or "dysfunctional autonomic nervous system". The particular dysautonomia diagnosis I have found as a direct result of the Gardasil vaccination is Postural Orthostatic Tachycardia Syndrome or POTS. In my investigations of many patients with Gardasil reactions, I have diagnosed POTS from their symptoms, history, and orthostatic testing of their blood pressure and heart rate. I have referred patients to their GP for a formal testing and diagnosis, only to be told that they don't know what POTS is or who to refer to.

Luckily, POTS can be diagnosed, treated and reversed, but not with medical interventions. It can be treated with nutritional medicine, lifestyle improvements, and herbal medicines.

I have also seen cases of cervical cancer being diagnosed in women who tested negative for HPV, but some had the Gardasil vaccine (which is known to cause cervical cancer). They also had hormone imbalances, and other factors like stress and nutrient deficiencies.

Conclusions

This document is a summary of many published studies into the Gardasil vaccine, information from the manufacturer, official government statistics, information from drug regulators, and from my own clinical experience with patients who have had many side effects, adverse reactions and chronic health conditions resulting from the Gardasil vaccine.

The Gardasil vaccine was not thoroughly tested, and not tested to accepted scientific protocols before being approved for use. Testing did not include using an inert placebo in the control group, which enabled the manufacturer to claim very little difference in side effects between the vaccine and an active placebo. This is an unconscionable act which was done deliberately to hide side effects in order to gain a fast approval. It also shows a lack of thoroughness of the drug regulators to not see this deliberate ploy of deception, prior to the vaccine being approved.

The Gardasil vaccine does not do what it claims to do - to reduce incidences of cervical cancer in women. In many countries, including in Australia, cervical cancer incidences have increased every year since Gardasil was introduced. And any protection from antibodies has only a short lasting effect of 4 years. After this time, there is no immunity to HPV. Gardasil has been shown in studies to actually cause cervical cancer. Gardasil simply does not work.

Gardasil causes many side effects, long-term health effects, and causes many deaths. One of its key reasons for this is the use of an aluminium adjuvant, used to heighten the immune response to producing antibodies, and many recipients still do not develop antibodies to HPV. Aluminium in the body is a neurotoxin - it damages nerves of the autonomic nervous system, to cause a great many symptoms and health issues, such as heart conditions and digestive conditions.

HPV alone is not the only cause of cervical cancer - an imbalance in male and female hormones and a dysfunctional immune system are also required factors for the development and progression of cervical cancer. Improve the immune system function and improve the hormone imbalance and cervical cancer can be prevented or reversed, without needing the dangerous Gardasil vaccine.

All parents of teenage children must be given full informed consent of all the risks of the Gardasil vaccine, including the chronic health conditions and reactions it can cause, including death. I do not see this information being given to parents or teens. Where there is a risk with a vaccine, and there

are many with Gardasil, parents and teens must be fully informed and also allowed the right to decline this medical procedure. Luckily there are other options available to reduce the risks of this infection and to also reduce the risks of cervical cancer.

Schools around the country (and in other countries too) are the target for government-funded mass vaccination programs for the Gardasil vaccine. All Year 7s in Australia are rounded up and taken somewhere in the school for this shot. Often, letters or forms by concerned parents to not get this vaccine are ignored by teachers and the health department staff who simply assume that all children will get the vaccine. It is best to inform your children of the dangers to this vaccine, and keep them home on the allocated day, or to avoid it by hiding during the time it is being done.

Stay healthy!

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