



“My mom wants me to get that cervical cancer vaccine”

“My sister, who is a nurse, told me NOT to let my daughter get that vaccine”



“I heard there are bad reactions to the vaccine”

“My daughter is only 11, she doesn't even think about sex yet”



By Molly Rossignol, DO

These are but a few of the comments I have received when I have introduced the concept of a new vaccine targeted against certain strains of Human Papilloma Virus (HPV). This vaccine is called Gardasil® and has been available since the spring of 2006.

HPV is a virus that is spread by skin to skin contact, most commonly via sexual contact. It is the most prevalent sexually transmitted disease in the nation. It is estimated that up to 80% of sexually active persons will be infected with this virus. There are high grade strains and low grade strains. The high grade strains are those that can lead to cancer of the cervix, vulva, penis and anus. Nearly 4,000 women die yearly in the United States from cervical cancer. The low grade represent those that can lead to ano-genital warts.

The vaccine, which is only the second virus-like particle vaccine (Hep B was the first), has shown a near 100% efficacy in preventing pre-cancer in 21,000 study participants age 16-26. The optimal time to administer this 3 part vaccine series is ages 8-14 with the intent to vaccinate prior to sexual activity and risk of exposure. Even if a young woman has had sexual encounters and even if they have been infected it is still recommended that the vaccine be given. The vaccine is NOT a cure for established infection and it is not a substitute for regular pap smears which screen for abnormal cells and cervical cancer.

There have been media reports regarding the safety of the vaccine. Of the 16 million doses distributed in nearly three years, there have been approximately 10,000 adverse events reported to the VAERS (Vaccine adverse event reporting system). Most of these are minor reactions including redness at the site, headache, fever and nausea. More serious effects include fainting. It is recommended at this time that the patient remain in the office, seated for 15 minutes after the injection. The overall reported events number fewer than those reported from other vaccines.

In following guidelines from the Center for Disease Control, I do recommend this vaccine to my female patients ages 11- 26. I believe it is important that patients be well informed. More information can be reviewed at www.cdc.gov/std/hpv. 

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