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More re unnaturally high antibody titres after HPV vaccination

Elizabeth Hart <eliz.hart25@gmail.com> Fri, Dec 9, 2016 at 4:28 PM
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Dr Jefferson, further to my previous correspondence re high antibody titres after HPV vaccination (29 November 2016), and my query whether the much higher antibody titre after HPV vaccination, as compared to natural HPV infection, was a 'good thing'.

As mentioned in my previous email, in regards to HPV 'immunisation' inducing antibody titres that are 80- to 100- fold higher than those observed following natural infection, Ian Frazer (2010)[1] cites a paper by Diane Harper et al regarding the bivalent HPV vaccine (2004)[2], i.e. presumably Cervarix. (This study was funded and coordinated by GlaxoSmithKline Bioglogicals.)

It appears Frazer generalises about high antibody titres after HPV vaccination, i.e. Gardasil and Cervarix, from Harper et al's paper about Cervarix.[2]

In a later review paper (2008)[3], Diane Harper refers to high antibody titres after ***both vaccines***, i.e. ***"the peak response to vaccination was robustly 100-200-fold higher than natural infection titers for both vaccines in neutralizing type-specific antibody titers for both HPV 16 and 18"***, although in a later paper (2009)[4] Harper says peak titre after Gardasil vaccination is 104-fold higher than natural infection for HPV 16, and 27-fold higher than natural infection titres for HPV 18.

In essence though, it appears HPV vaccination with both vaccines creates a much higher antibody response than natural infection, and from my layperson's perspective **I wonder if there is any downside to this *unnatural* response?**

In her 2008[3] review paper, Harper also states: *"Despite both vaccines having a 100% seroconversion 1 month after three doses of vaccine, **the mechanism of immunogenicity from a scientific perspective is poorly understood**. The measure of antibody induction by geometric mean titers (GMTs) is dependent on the assay system used, and is not comparable between HPV types within one manufacturer or for identical HPV types between manufacturers."* (My emphasis.)

It is concerning that the novel virus-like particle (VLP) vaccine products Gardasil and Cervarix have been fast-tracked globally, when *"the mechanism of immunogenicity from a scientific perspective is poorly understood"*.

In her 2008[3] review paper, Harper states: *"...both vaccines contain a proprietary adjuvant system to improve the immunologic response to the VLP antigens. The adjuvant system, AS04, in Cervarix contains both an aluminium salt and a toll-like receptor-4 agonist (monophosphoryl lipid A); the adjuvant system in Gardasil contains an aluminium salt called aluminium hydroxyphosphate sulfate. Clinical trials in humans show that the HPV 16/18 VLPs adjuvanted **with AS04 induce a significantly greater initial antibody response** than do the HPV16/18 VLPs adjuvanted with aluminium hydroxide alone, and this superior response continues for at least 4 years...Experiments in mice show that the Merck proprietary amorphous aluminium hydroxyphosphate sulfate used in Gardasil **induces a greater initial antibody response** to HPV16 VLPs than does the aluminium hydroxide adjuvant alone..."* (My emphasis.)

A VacZine Analytics press release titled "GSK and Cervarix - is AS04 a double edged sword?" (2007)[5] says the novel adjuvant AS04 contained in Cervarix *"is a combination of standard aluminium hydroxide and the new component, monophospholipid A (MPL). MPL is a derivative of the lipid A molecule found in gram-negative bacteria and **is considered one of the most potent immune system stimulants known***". (My emphasis.)

Merck's proprietary amorphous aluminium hydroxyphosphate sulfate used in Gardasil also appears to be **more potent than aluminium hydroxide adjuvant alone**.[3]

Harper says the purpose of the adjuvant ***"is to prolong the immune response for as long as possible with the smallest amount of antigen (VLP) possible"***.[4]

Again, I register my concern that the novel Gardasil and Cervarix VLP HPV vaccine products have been fast-tracked around the world, particularly as *"the mechanism of immunogenicity from a scientific perspective is poorly understood"*.

If children and their parents were properly informed of the *unnaturally* high antibody titre induced by both the novel aluminium adjuvanted Gardasil and Cervarix vaccine products, and that scientists such as Diane Harper admit the mechanism of immunogenicity of these products is poorly understood from a scientific perspective, I wonder if they would consent to this still experimental medical intervention?

Regards
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https://over-vaccination.net/

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