



Gardasil Vaccine Required for Young Women Seeking Immigration to U.S.

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Should immigrants to the U.S. be subjected to vaccines that aren't required of citizens?

This is the latest controversial question to enter the immigration debate, after the U.S. Citizenship and Immigration Services (USCIS) added Gardasil, a human papillomavirus (HPV) vaccine that also protects against cervical cancer caused by HPV, to their list of required vaccinations for U.S. immigrants.

Young women between the ages of 11 and 26 seeking to become legal permanent U.S. residents must receive the vaccination to prevent contraction of human papillomavirus (HPV), a sexually transmitted disease that is a leading cause of cervical cancer. An estimated 130,000 women a year will be affected by the requirement, which went into effect August 1.

Yet the vaccine, manufactured by Merck & Company, remains a recommended – not mandatory – immunization for young women who are already U.S. citizens, leading some to question why it is being forced upon immigrants.

In its first full year of distribution, Gardasil, which protect against 4 of the 100 types of human papillomavirus (HPV): 2 types that cause 70% of cervical cancer cases, and 2 more types that cause 90% of genital warts cases, has been administered in whole or in part to 2.5 million girls.

An array of [medical, financial and ethical concerns](#) about the vaccine have kept the debate over Gardasil stirring since its FDA approval in 2006. Advocates for the vaccine say it has proven effective in preventing a very common STD that can lead to cancer, but critics cite its high cost and potential side effects, and question whether vaccines for sexually transmitted diseases should be mandatory.

The addition of Gardasil to the list of required vaccinations was due in part to the 2007 change in the Department of Health and Human Services' recommended vaccination schedule for children 0-18 years of age. The Center for Disease Control suggested that 11-26 year old girls and women receive the HPV vaccination as part of their immunization schedule. But the backlash has stalled the CDC and FDA's push for making the HPV vaccine mandatory for young female U.S. citizens.

John Abramson, who chairs the CDC's Advisory Committee on Immunization Practices said in an October 6 Wall Street Journal article that had they known about the decision to require the vaccination for immigrant women, they would have told USCIS that "it's not a good idea" since cervical cancer is not "a disease that is communicable like SARS or pandemic flu or even measles." Adamson also added that their vaccination policies are "designed to protect the populace not individuals."

Judicial Watch, a Washington-based public interest group, raised concerns about adverse reactions to the drug, stating in a 2007 report that at least three deaths in more than 1600 adverse reactions have been connected to the Gardasil vaccination. According to Merck, known side effects include pain, swelling, itching, and redness at the injection site, fever, nausea, dizziness, vomiting, and fainting.

Last month, the National Coalition for Immigrant Women's Rights claimed that the addition of the HPV vaccine is similar to a "surcharge applied only to young immigrant women" that will impede their efforts to immigrating to the U.S. or becoming U.S. Citizens. Priscilla Huang, project director of Reproductive Justice said that the vaccine cost adds approximately \$375 to the U.S. immigration application fee of \$1,410 for young immigrant women. It is not clear who will be responsible for paying for the vaccine.

Gardasil is thought to decrease the chances of cervical cancer especially for those who are vaccinated before becoming sexually active since HPV is sexually transmitted. According to the Centers for Disease Control (CDC) about 20 million people are infected with HPV in the United States and almost 3,700 women die of cervical cancer in the United States each year.

This past summer the New England Journal of Medicine published an editorial about why there should be "reasons for caution" when it comes to the HPV vaccine and that the medical community "still lacks sufficient evidence of an effective vaccine against cervical cancer."

Parents have also expressed concern about the Gardasil vaccine. Dr. Vincent Iannelli, a pediatrician who writes for About.com says that parents "may have problems thinking about vaccinating their child against a sexually-transmitted disease" which would imply that that their child may be at risk for contracting an STD. Barbara Loe Fisher, president of the National Vaccine Information Center, a nonprofit consumer organization that opposes HPV legislation asks "Why is this happening so fast? Why is there a mandate when this is such a different kind of disease?"

Many assumed that the conservative religious group would also express opposition to the HPV vaccine, but that opposition never really manifested. Major conservative groups such as the Family Research Council and Focus on the Family have supported the vaccine while encouraging a parent's right to choose or forego the HPV vaccination for their child, even as the rest of the religious community debates the moral merits of the vaccine.

In 2007 Merck discontinued its lobbying of state legislatures to make the Gardasil vaccine mandatory for school-age girls due to the reaction from parents and religious groups about the vaccine. Richard Haupt, executive director of medical affairs for vaccines at Merck & Company, said the media publicity had become a "potential distraction" to promoting the use of Gardasil.

The HPV vaccination mandate for immigrant women is part of an ongoing immunization policy for U.S. immigrants that has been in effect for over a decade. Since 1996 the U.S. government has required all immigrants to receive the same recommended vaccinations as its citizens.

The immigrant immunization policy is part of the Illegal Immigration Reform and Responsibility Act of 1996 that was signed into law by President Clinton. The law primarily focused on combating illegal immigration to the United States via border patrol, penalties for hiring illegal immigrants, proper documentation, etc. Section 212 of the Act specifically addresses immigrant immunization requirements for such communicable diseases as influenza, rubella, tetanus, mumps and measles.

Over the years, the USCIS has generally taken their cue from the CDC immunization committee and Technical Instructions to Civil Surgeons for Vaccination Requirements in revising their vaccination requirements for potential U.S. immigrants. Along with the recent addition of the HPV vaccine, USCIS has also added rotavirus, hepatitis, and meningitis to their list of required vaccines for those seeking to become legal U.S. citizens.

Currently the United States Citizen and Immigration Services have no plans to remove the HPV vaccination from their list of required vaccinations for female immigrants applying for permanent U.S. residency.

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