Good evening Representative Wilson and members of the Committee. Thank you very much for the opportunity to speak at this hearing today. I am Dr. Daniel Hart and I work as a research scientist at GlaxoSmithKline. Today, I will speak on behalf of my company regarding our support of the State of Columbia House Bill 110-24 in favor of mandatory HPV vaccination.

Human papilloma virus (HPV) is the “most frequently sexually transmitted disease in the world and in the United States.” With an estimated 6.2 million Americans becoming infected every year and 75% of these infections occurring amongst adolescents and young adults; there is already a clear indication that a way to prevent new infections is greatly needed. However, this need is further amplified once it is taken into account that various HPV strains have been associated with some oropharyngeal, anal, penile, vaginal, vulvar, and cervical cancers. In fact, two high-risk HPV strains alone, types 16 and 18, account for approximately 70% of cervical cancers worldwide. This translates to 350,000 new cases and around 200,000 HPV-attributable cervical cancer deaths worldwide in 2008 alone. These are unfortunate statistics for a problem that can be solved by preventing infections with cancer-causing strains through vaccination.

That is why we propose the mandated use of Cervarix®, a bivalent HPV vaccine formulated to prevent infection by HPV types 16 and 18, the major players in HPV-associated oncogenesis. Clinical trials have shown Cervarix® to have excellent immunogenicity and safety profiles, including no significant effect in pregnancy outcomes. In addition, the novel adjuvant utilized in Cervarix® has been shown to enhance the immune response compared to other available vaccines, with continued persistence of serum antibodies for at least 8.4 years; providing strong efficacy through the peak years of HPV acquisition.
A high coverage of HPV vaccination could contribute to a 76% lifetime reduction in cervical cancer deaths and a 50% reduction in cervical screening abnormalities. Additionally, economic models have shown that high rates of immunization are necessary to produce a cost-effective vaccination program. Unfortunately, the lack of a mandate has contributed to low vaccination rates in the United States; where only one third of girls aged 13-17 have received the necessary dosages. This is an urgent matter for which we believe part of the solution is to approve House Bill 110-24. For every year that goes by without increasing our coverage, “another 4,400 girls will develop cervical cancer in their lifetimes”. In fact, according to estimates, cervical cancer claimed the lives of two women since I stood up here this evening. Next time it could be someone you know and love. Let us not let that happen and take the next step in changing the history of this disease. I appreciate your time and willingness to engage in such discussions. Thank you very much.
To Vaccinate or Not to Vaccinate: Daniel Hart’s Testimony

References:


