



Dr. Sin Hang Lee recommends China postpone HPV vaccinations

By Norma Erickson, SaneVax Inc.

Leading pathologist, Dr. Sin Hang Lee, sent an open letter to the President and Premier of China asking for a delay in the scheduled HPV vaccination of Chinese children and young women ages 9-25.

China's population consists of approximately 143 million females age 9-25 [1]. If human papillomavirus (HPV) vaccine manufacturers can convince the Chinese government to vaccinate every woman in this age group with 3 doses of HPV vaccine via a Publicly Funded Program as proposed by two of their paid consultants [2], the revenue generated could amount to over \$64 billion USD (using price of HPV vaccines sold in the USA at \$150/dose). This staggering amount of money would provide an enormous impact to their bottom line. But the question is at what cost?

GlaxoSmithKline (GSK) became one step closer to achieving this when they announced on July 18, 2016 they had successfully persuaded the China Food and Drug Administration (CFDA) to license Cervarix™ as the first HPV vaccine to help prevent cervical cancer in China. According to the GSK announcement, the commercial launch of Cervarix™ in China is expected in early 2017. ([Read the announcement here.](#))



The imminent implementation of mass HPV vaccination of Chinese children and young women age 9 to 25 has caused grave concerns among many informed citizens in China and abroad. One of those most concerned is Sin Hang Lee, MD, a Chinese American who received his formal medical education and training in China. Dr. Lee has practiced diagnostic cancer pathology in North America for more than 50 years with extensive experience in testing HPV DNA in patient samples and the HPV vaccine Gardasil®.

Based on his knowledge of the health impacts of HPV vaccines he has considerable concerns for the female population of China. This prompted Dr. Lee to write an open letter to President Xi Jinping and Premier Li Keqiang of The People's Republic of China, asking them to use their power to delay implementation of any HPV vaccination program in China until the risks versus benefits of mass HPV vaccination of the Chinese children and young women are adequately evaluated by independent medical/scientific experts. Importantly he believes it is essential that these experts are not financially connected to either the manufacturers or other HPV vaccine stakeholders.

In his open letter, Dr. Lee raises following serious science-based concerns about the proposed HPV vaccine program:

1. There is zero scientific evidence that HPV vaccines have been proven to prevent a single case of cervical cancer in any country,
2. To promote the vaccine, GSK created an unnecessary cervical cancer scare to create a market based on fear and not fact,

3. Due to genetic difference, the HPV vaccines which were originally developed and tested in South America may not work across diverse Chinese ethnic populations,
4. Long established and low cost cervical screening, not vaccination, is a proven safe and effective means of controlling cervical cancer and as such should be the number one health program, saving billions of dollars and countless lives.
5. HPV vaccination offers no added value to existing cervical cancer screening programs,
6. Globally there are 10's of thousands of serious adverse reactions, including deaths, following HPV vaccination, and
- 7: Vaccine manufacturers have inappropriately used their proprietary highly immunogenicity-enhancing aluminum adjuvant as the placebo in all clinical trials and to do in effect masks the risk of HPV vaccines.

The concerns that Dr. Lee has about HPV vaccination apply in other countries, where a number of inquiries are underway as to safety and efficacy and vaccination programs have been halted.

[Read Dr. Lee's Open Letter posted by Mr. I-wan Chen, a Policy Consultant in the People's Republic of China, provided here.](#)

References:

[1] Demographics of China 2015.

https://en.wikipedia.org/wiki/Demographics_of_China#Population_of_China_by_age_and_sex_.28demographic_pyramid.29

[2] Castle PE, Zhao FH. Population effectiveness, not efficacy, should decide who gets vaccinated against human papillomavirus via publicly funded programs. J Infect Dis. 2011;204:335-7.