

The HPV Vaccine Debate

The human papillomavirus (HPV) is the most commonly occurring sexually-transmitted infection in the U.S. “Most HPV types cause no symptoms and go away on their own,” according to the Center for Disease Control (CDC), but “some types can cause cervical cancer in women.” In 2006, the pharmaceutical giant Merck introduced Gardasil, a vaccine that effectively deflects the worst strains of HPV. The FDA rapidly approved the vaccine and a CDC advisory committee voted unanimously to recommend it for women ages 11 to 26. A full three-injection course of Gardasil costs \$360, but it is now available for free to eligible poor children through the federal government’s Vaccines for Children program.

The government’s swift move to recommend and even underwrite the cost of Gardasil has created a swirl of controversy. Women’s health groups and scientists argue that the most responsible policy would be to distribute the vaccine to as many girls as possible and eradicate the spread of HPV and cervical cancer. Conservative and religious groups, on the other hand, have argued that because HPV is basically a preventable sexually-transmitted infection, Gardasil need not be advanced with the same urgency as an essential public health measure, and that widespread vaccination would send the message to teens that risky sexual behavior is acceptable.

State legislators are now joining the debate. Some have introduced bills to require insurance companies or state-run health care programs to cover the cost of Gardasil. California passed such a bill in April 2007 (although it hasn’t yet been funded), and legislatures in Nevada, South Dakota, and Colorado are working on similar measures.

Other states, meanwhile, are considering requiring vaccination as a prerequisite for public school enrollment (as is now done for mumps or measles vaccines). Michigan was the first to entertain such legislation, exempting students whose parents opt out; the bill was defeated in December 2006. Maryland considered a similar bill but withdrew it over concerns that students have enough trouble meeting existing shot requirements. In April 2007, the Washington, D.C. city council approved a measure requiring schoolgirls in the city to be vaccinated by 2009; it awaits the mayor’s signature and congressional approval. Virginia passed similar legislation, and such bills have been introduced in Maine, Connecticut, Massachusetts, Minnesota, South Carolina, Kansas, Wisconsin, Florida, Georgia, Kentucky, New Mexico, and Ohio. Meanwhile, the Texas legislature recently barred consideration of the vaccine until 2011, overruling Governor Rick Perry’s plans to mandate vaccination by 2008. Noting that the governor’s former chief of staff now leads Merck’s lobbying efforts, some claim that the rush to vaccinate has been fueled by Merck’s desire to beat other pharmaceutical companies—such as GlaxoSmithKline, whose version of the HPV vaccine was recently submitted to the FDA for review—to get a bite of lucrative state mandates. This battle will no doubt grow hotter in the coming months.