Childhood Vaccine Injuries: HPV Gardasil Vaccine Caused Two Sisters to Have Infertility

Premature Ovarian Failure

By Dr. William Makis

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Theme: Science and Medicine

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Doctors Call Claims That Gardasil Caused Sisters' Infertility Bogus

By ABC News, November 9, 2013

> Madelyne and Olivia Meylor, of Mount Horeb, Wis., claim that the HPV vaccine caused primary ovarian failure in both of them. The sisters are 20 and 19 years old, respectively.
>
> "There is nothing about this particular vaccine that would make this at all plausible," said Dr. Kim Gecsi, who directs the ob/gyn clerkship program at University Hospitals Case Medical Center in Cleveland.
>
> Like the flu shot, the Gardasil vaccine contains an inactive virus, triggering an immune response in the patient, Gecsi said. This immune response includes the production of antibodies specifically taught to fight HPV, so if a live virus ever gets into the patient's body, her immune system can fight it off.
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> Click here to read the full article on ABC News.

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May 19, 2016 – Judge dismisses lawsuit: Wisconsin sisters say Gardasil vaccine caused their premature ovarian failure

Maddie and Olivia Meylor say they have been robbed of their womanhood after receiving a Gardasil vaccine which prevents HPV. The Wisconsin sisters were the first in the United States to claim that the HPV vaccine caused premature ovarian failure. A federal judge on Monday, May 16th ruled against the young women.

Maddie and Olivia Meylor

Maddie and Olivia Meylor were diagnosed with premature ovarian failure in 2007, when they were teenagers. They started menopause decades early.

“We were devastated,” said Joen Meylor, the girls’ mother. “It’s rare at their age and it’s very rare that two sisters would have premature ovarian failure.”

The sisters went through the same genetic testing, looking for answers. They say all roads led back to that doctor’s visit in 2007.

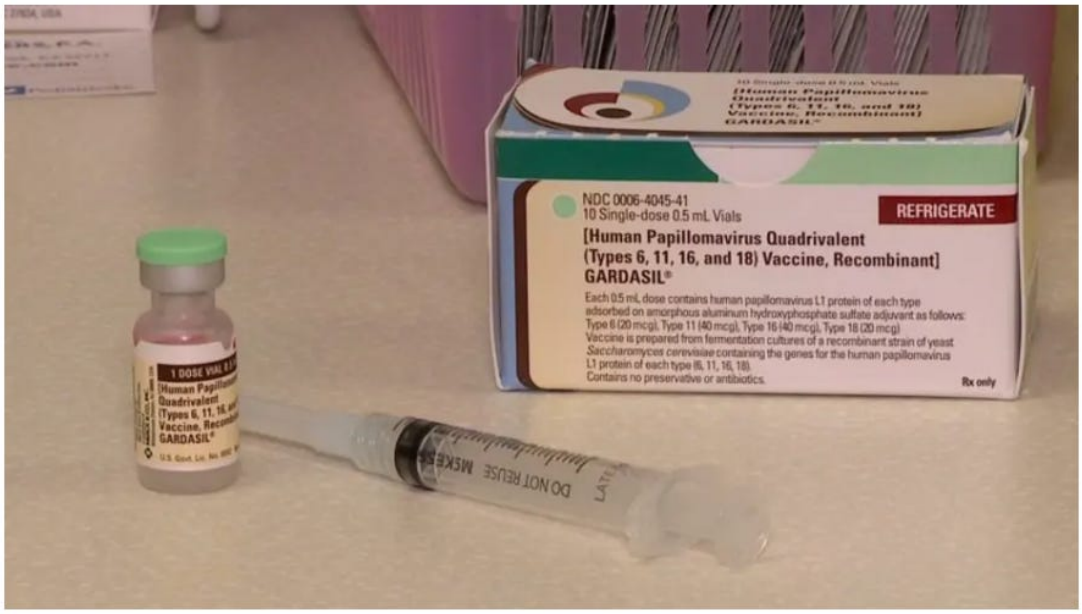
“I realized it was the Gardasil vaccine,” said Joen Meylor.

The Meylors believe the HPV vaccine is to blame for their rare disorder.

The sisters, who may never be able to have children in the traditional sense, filed a federal claim with the Vaccine Injury Compensation Program.

“We can carry a child, but we can’t create our own,” Olivia Meylor said.

A federal judge on May 16th ruled that some of the sisters’ symptoms appeared to begin before they were immunized as teenagers, and the case was dismissed.



The judge did not make a ruling as to whether ovarian failure is a legitimate injury from the vaccine.

An attorney for the Meylors said they plan to appeal.

FOX6 News spoke with the sisters in November of 2014, when they were 20 and 21.

At that time, we also reached out to Merck, the maker of Gardasil. The company said the vaccine's safety was tested in clinical trials — and continues to be studied in more than a half-million people.

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My Take…

This story caught my eye, because I think we will see something SIMILAR with COVID-19 mRNA Vaccines. Infertility cases and a great deal of denial.

So first, does this (Premature Ovarian Failure) happen with HPV Vaccines? YES.

National Vaccine Information Center
Your Health. Your Family. Your Choice.

MedAlerts.org

Search Results

From the 5/31/2024 release of VAERS data:

Found 90 cases where Vaccine is HPV2 or HPV4 or HPV9 or HPVX and Write-up contains 'ovarian failure'

Government Disclaimer on use of this data

Table

Age	Count	Percent
6-17 Years	28	31.11%
18-29 Years	18	20%
40-49 Years	1	1.11%
Unknown	43	47.78%
TOTAL	90	100%

There are 90 cases in VAERS. With an under-reporting factor of 100, that jumps to 9000 possible cases.

Let's look at a few of the 90 cases:

VAERS 300878 – 18 year old had 2nd HPV Gardasil jab on Oct. 19, 2007.

"...on 19-Oct-2007 with the second dose of Gardasil. Following the second vaccination, the patient missed her period, and was diagnosed with premature ovarian failure."

"The physician reported that the "patient presented with new onset amenorrhea times 2 months starting concurrent with her first vaccine," however the date of onset was also reported as 24-OCT-2007. She had a workup with labs, which determined that she had premature ovarian failure"

VAERS ID: 300878 (history) **Vaccinated:** 2007-10-19
Form: Version 1.0 **Onset:** 0000-00-00
Age: 18.0 **Submitted:** 2007-12-14
Sex: Female **Entered:** 2007-12-18
Location: Unknown **Days after submission:** 4

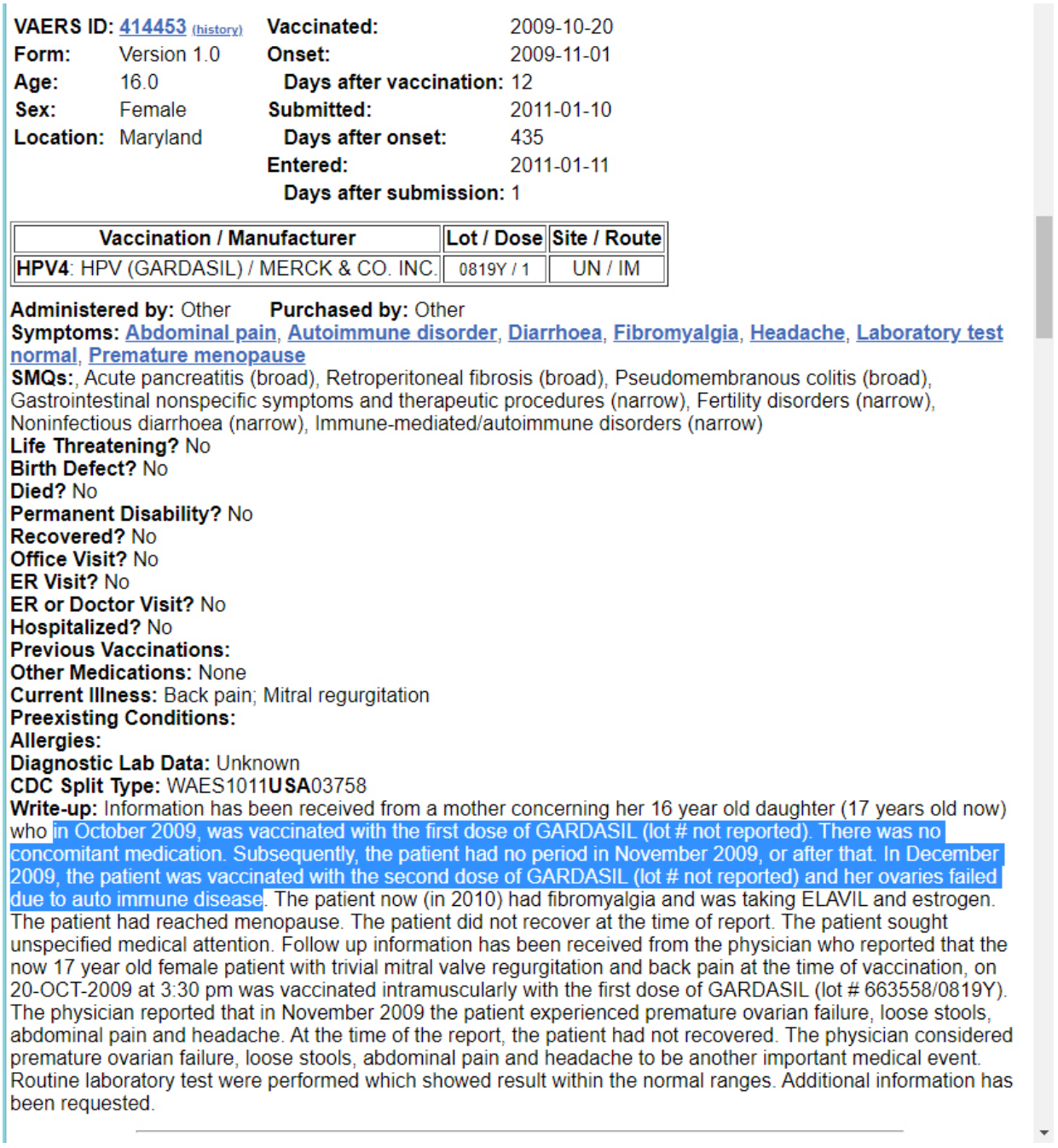
Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 2	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: Amenorrhoea, Autoimmune thyroiditis, Laboratory test, Menstruation delayed, Ovarian failure, Pregnancy test negative, Thyroid function test
SMQs:, Hypothyroidism (broad), Hyperthyroidism (broad), Fertility disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Coeliac disease, penicillin allergy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Diagnostic laboratory - not pregnant Thyroid function test Diagnostic laboratory 10/24/07, premature ovarian failure
CDC Split Type: WAES0711**USA**04077
Write-up: Information has been received from a physician, concerning an 18 year old, non-pregnant female patient with celiac disease and a penicillin allergy, who on 16-Aug-2007 was vaccinated IM with the first dose, 0.5 ml, of Gardasil, and on 19-Oct-2007 with the second dose of Gardasil (lot # not provided). There was no concomitant medication. Following the second vaccination, the patient missed her period (date not specified), and was diagnosed with premature ovarian failure. Diagnostic tests included hormonal studies and thyroid studies (results not reported). At the time of this report, the patient had not recovered. 02/12/2010 Initial and follow up information has been received from a physician concerning an 18 year old, non-pregnant female patient with celiac disease and a penicillin allergy, who on 16-AUG-2007 was vaccinated IM with the first dose, 0.5ml, GARDASIL (lot #657868/0523U) and on 19-OCT-2007 with the second dose of GARDASIL (lot # not provided). There was no concomitant medication. The physician reported that the "patient presented with new onset amenorrhea times 2 months starting concurrent with her first vaccine," however the date of onset was also reported as 24-OCT-2007. She had a workup with labs, which determined that she had premature ovarion filure and Hashinotot"s thyroiditis. There was no concomitant medication. At the time of this report, the outcome of the events was not specified. The physician questioned a causal relationship of the events to GARDASIL. Additional information has been requested.

VAERS 414453 – 16 year old girl from Maryland had 1st HPV Gardasil jab on Oct.20, 2009.

"her 16 year old daughter who in October 2009, was vaccinated with the first dose of GARDASIL. Subsequently, the patient had no period in November 2009, or after that. In

December 2009, the patient was vaccinated with the second dose of GARDASIL and her ovaries failed due to auto immune disease."



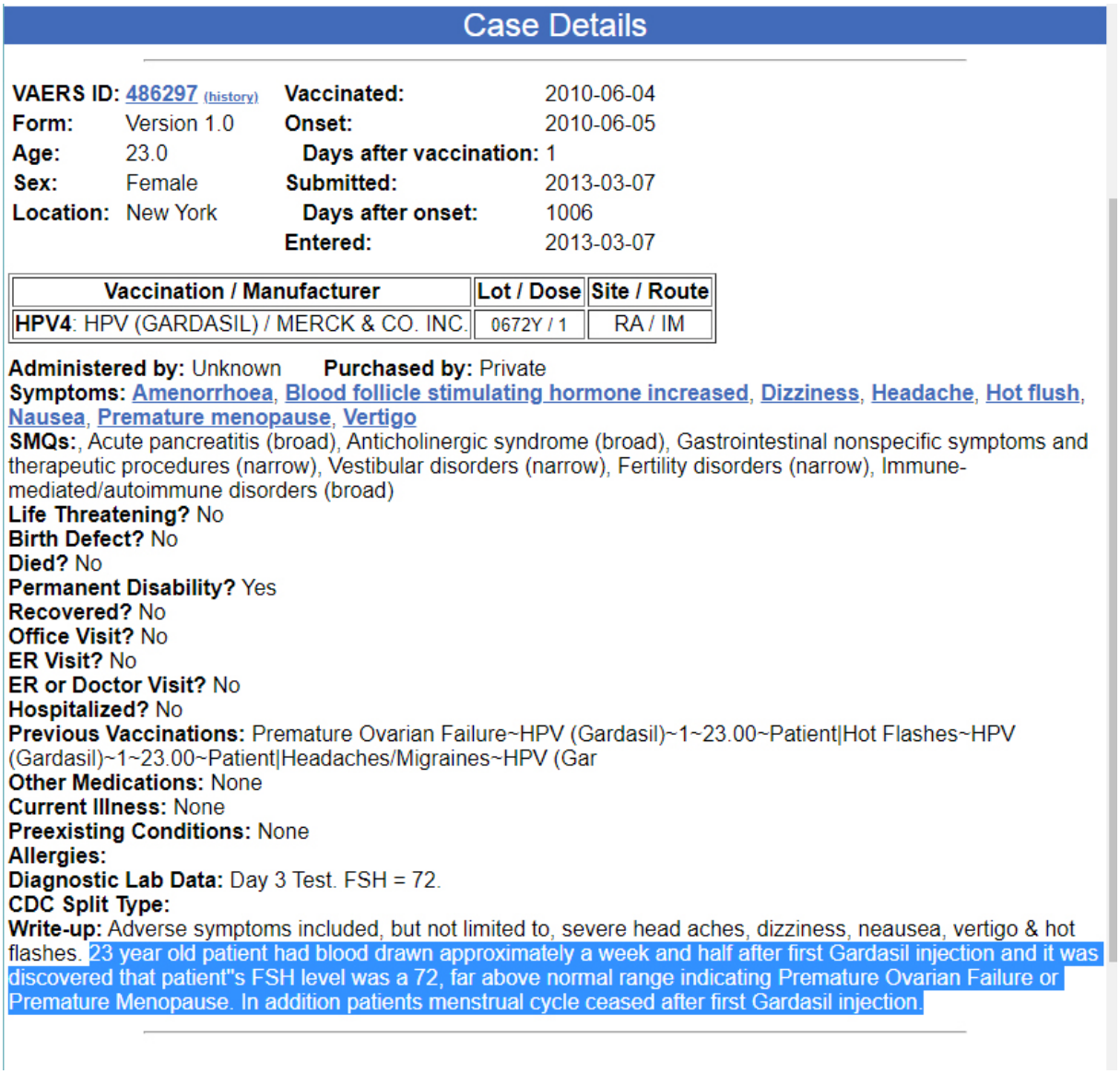
VAERS ID: 414453 (history) **Vaccinated:** 2009-10-20
Form: Version 1.0 **Onset:** 2009-11-01
Age: 16.0 **Days after vaccination:** 12
Sex: Female **Submitted:** 2011-01-10
Location: Maryland **Days after onset:** 435
Entered: 2011-01-11
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0819Y / 1	UN / IM

Administered by: Other **Purchased by:** Other
Symptoms: Abdominal pain, Autoimmune disorder, Diarrhoea, Fibromyalgia, Headache, Laboratory test normal, Premature menopause
SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Fertility disorders (narrow), Noninfectious diarrhoea (narrow), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Back pain; Mitral regurgitation
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Unknown
CDC Split Type: WAES1011**USA**03758
Write-up: Information has been received from a mother concerning her 16 year old daughter (17 years old now) who in October 2009, was vaccinated with the first dose of GARDASIL (lot # not reported). There was no concomitant medication. Subsequently, the patient had no period in November 2009, or after that. In December 2009, the patient was vaccinated with the second dose of GARDASIL (lot # not reported) and her ovaries failed due to auto immune disease. The patient now (in 2010) had fibromyalgia and was taking ELAVIL and estrogen. The patient had reached menopause. The patient did not recover at the time of report. The patient sought unspecified medical attention. Follow up information has been received from the physician who reported that the now 17 year old female patient with trivial mitral valve regurgitation and back pain at the time of vaccination, on 20-OCT-2009 at 3:30 pm was vaccinated intramuscularly with the first dose of GARDASIL (lot # 663558/0819Y). The physician reported that in November 2009 the patient experienced premature ovarian failure, loose stools, abdominal pain and headache. At the time of the report, the patient had not recovered. The physician considered premature ovarian failure, loose stools, abdominal pain and headache to be another important medical event. Routine laboratory test were performed which showed result within the normal ranges. Additional information has been requested.

VAERS 486297 – 23 year old woman from New York had HPV Gardasil on June 4, 2010.

"23 year old patient had blood drawn approximately a week and half after first Gardasil injection and it was discovered that patient"s FSH level was a 72, far above normal range indicating Premature Ovarian Failure or Premature Menopause. In addition patients menstrual cycle ceased after first Gardasil injection."



Case Details

VAERS ID: 486297 (history) **Vaccinated:** 2010-06-04
Form: Version 1.0 **Onset:** 2010-06-05
Age: 23.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2013-03-07
Location: New York **Days after onset:** 1006
Entered: 2013-03-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0672Y / 1	RA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: Amenorrhoea, Blood follicle stimulating hormone increased, Dizziness, Headache, Hot flush, Nausea, Premature menopause, Vertigo
SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Fertility disorders (narrow), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? Yes
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Premature Ovarian Failure~HPV (Gardasil)~1~23.00~Patient|Hot Flashes~HPV (Gardasil)~1~23.00~Patient|Headaches/Migraines~HPV (Gar
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Day 3 Test. FSH = 72.
CDC Split Type:
Write-up: Adverse symptoms included, but not limited to, severe head aches, dizziness, neausea, vertigo & hot flashes. 23 year old patient had blood drawn approximately a week and half after first Gardasil injection and it was discovered that patient"s FSH level was a 72, far above normal range indicating Premature Ovarian Failure or Premature Menopause. In addition patients menstrual cycle ceased after first Gardasil injection.

Conclusion

That's 3 of the first 4 search results. There is a clear temporal relationship.

There was also an Australian Case Series published by Dr. Deirdre Little:

J Investig Med High Impact Case Rep. 2014 Oct 28;2(4):2324709614556129.
doi: 10.1177/2324709614556129. eCollection 2014 Oct-Dec.

Adolescent Premature Ovarian Insufficiency Following Human Papillomavirus Vaccination: A Case Series Seen in General Practice

Deirdre Therese Little [1], Harvey Rodrick Grenville Ward [2]

Affiliations + expand

PMID: 26425627 PMCID: PMC4528880 DOI: 10.1177/2324709614556129

Abstract

Three young women who developed premature ovarian insufficiency following quadrivalent human papillomavirus (HPV) vaccination presented to a general practitioner in rural New South Wales, Australia. The unrelated girls were aged 16, 16, and 18 years at diagnosis. Each had received HPV vaccinations prior to the onset of ovarian decline. Vaccinations had been administered in different regions of the state of New South Wales and the 3 girls lived in different towns in that state. Each had been prescribed the oral contraceptive pill to treat menstrual cycle abnormalities prior to investigation and diagnosis. Vaccine research does not present an ovary histology report of tested rats but does present a testicular histology report. Enduring ovarian capacity and duration of function following vaccination is unresearched in preclinical studies, clinical and postlicensure studies. Postmarketing surveillance does not accurately represent diagnoses in adverse event notifications and can neither represent unnotified cases nor compare incident statistics with vaccine course administration rates.

Dr. Little presents “Polysorbate 80” as a HPV Vaccine component with potential ovarian toxicity.

Polysorbate 80 is added to keep particles suspended in the liquid and prevent clumping.

> Each quadrivalent HPV vaccine is a recombinant protein particulate vaccine, containing 20, 40, 40, 20 µg of the major capsid (L1) protein of HPV types 6, 11, 16, and 18 respectively, 225 µg aluminum hydroxyphosphate sulfate, 9.65 mg sodium chloride, 780 µg; L-histidine, 50 µg polysorbate 80, and 35 µg sodium borate (“Gardasil,” “HPV4,” “4vHPV”). It is recommended to young women for its

When polysorbate 80 ("Tween 80") was injected into newborn rats, it caused similar ovarian damage to injected diethylstilboestrol. Rat ovary effects occurred at all doses tested over a tenfold range.[47] Since this study provides a relevant ovary histology report of a substance in HPV4 it bears detailed consideration. 1%, 5%, or 10% solutions of polysorbate 80 at 0.1 mL per rat were injected into rats at 4, 5, 6, and 7 days after birth. The oestrous cycle was examined at weeks 10, 14, and 18 of age. Findings were compared with control rats given no treatment; negative controls given water injections; and a "positive" control group given a formulation of 50 µg diethylstilboestrol. Rats injected with polysorbate 80 had an oestrous cycle ranging from 9 to 14 days, compared with 4.3 days average length throughout the test in untreated controls and 9.4 days in diethylstilboestrol injected rats. Postmortem conducted at 20 weeks of age on "Tween"/polysorbate 80 tested rats reported

1. All Tween-treated groups showed a statistically significant ($P < .001$) decrease in the relative weight of the ovaries in comparison with the untreated control. The relative weight (% of body weight) was slightly lower in the 1% Tween 80–treated groups than in the 10% Tween 80–treated groups.
2. In the group of 6 rats given the lowest dose of Tween 80 "in two rats the uterus was enlarged and had a marked vascular pattern."
3. The 5 rats given diethylstilboestrol showed "microscopically degenerated follicles in the ovaries with complete absence of corpora lutea. Findings in the ovaries similar to those in the positive control [diethylstilbestrol control] group were also observed in all of the groups given Tween 80."
4. Abnormal histological findings in the cells lining the uterus were observed in all 17 rats given Tween 80 and resembled the abnormal histology observed in diethylstilboestrol-treated rats, which had high cylindrical epithelial cells and some mitoses. The study concluded, "4-day administration of Tween 80 to female rats during the period crucial for the development and function of reproductive organs accelerates the maturation of these organs." As well as a prolonged oestrous cycle researchers also noted induction of persistent vaginal oestrous. This was slightly more marked in the 1% solution of Tween 80 than in the 5% or 10% solutions. Statistically significant increased weight of the adrenals ($P \leq .05$) was also noted in the 1% polysorbate injected rats.

POLYSORBATE 80

Polysorbate 80 is added during the vaccine manufacturing process to allow two different liquids, such as oil and water, to better blend together. Surfactants have many uses in chemistry. They are used as detergents, emulsifiers, wetting agents, foaming agents, and dispersants. **Why is polysorbate 80 used to manufacture vaccines?** It is used to keep the liquids and particles in the vaccine remain suspended and don't clump together in the vial.

Polysorbate 80 actually has caused documented infertility in female mice. Multiple studies have raised the alarm that Gardasil vaccines can induce an autoimmune reaction, including ovarian failure.

In the 10 years since licensure of Gardasil – between 2006 and 2016 – The American College of Pediatrics uncovered 213 VAERS reports involving amenorrhea, POF or premature menopause, 88% of which have been associated with Gardasil.

AstraZeneca, Johnson & Johnson and Novavax COVID-19 Vaccines also have Polysorbate 80.

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Dr. William Makis *is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General's Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.*
