

Cheaper brand of vaccine is a false economy

Young women are confused about their jabs, says **Katy Guest**

On the NHS Direct website on Friday, a young woman asked: "Should I go to my GP, or just not get it done at all because I heard someone in England died from the jab?" She meant the cervical cancer vaccine and the horribly sad death of Natalie Morton, who collapsed shortly after being given Cervarix at her school on Monday. The concerned woman didn't say which country she was writing from, but she obviously hadn't heard the conclusion of Natalie's inquest: that the 14-year-old died from a pre-existing tumour, which was nothing to do with the vaccination at all.

This is not an argument about knee-jerk reporting; though the sudden

death of a pretty girl can always set a certain kind of newsroom aflutter. It is incumbent on the media to ask questions about vaccines, particularly new ones that are being given to millions of teenagers. But a death like Ms Morton's is a man-bites-dog story: one that happens, fortunately, incredibly rarely. A woman diagnosed with cervical cancer is just your regular dog-bites-man: it happens to 2,800 of us every year.

Among last week's critics of Cervarix vaccinations, many raised the potential complications. "There have been 4,657 reports of suspected adverse reactions," said one report. Those included dizziness, swelling,

and sore arms. For the women I know

didn't cry until she smelt her own flesh burning. Another was told, *after* the surgery, that she now stood scant chance of ever carrying a child to full term. A third is still undergoing invasive, humiliating and painful procedures, 18 months after diagnosis. And these were women whose symptoms were caught early. Not every woman's are.

In last week's reports, a researcher who helped to develop Cervarix was cited as an expert critic of the NHS vaccination programme. But what Dr

Diane Harper really said was that women should be told the risks. I don't know if every teenager is told about the potential benefits and hazards of the vaccine as she is given it. But the NHS website offers a full page on the potential side effects, from the "very common" (pain or discomfort at the injection site) to the "very rare" (anaphylactic shock). The immunisation programme claims to prevent 70 per cent of cervical cancer cases. Teenagers and their parents should be informed about all of this.

When the programme started last September, a lot of the "against" lobby seemed to come from a very unpleasant place. It was suggested that ab-

stinence was the only satisfactory prophylactic – and therefore, by extension, that girls should suffer for having unprotected sex. But in condemning this view (which isn't hard),

against many experts when it chose Cervarix as its cervical cancer vaccine. Had they chosen Gardasil – along with the US and most European countries – it would have cost £18m more. But it would have helped more people. Gardasil is not demonstrably safer than Cervarix, but it prevents genital warts, which are also caused by the HPV virus. They're not fatal, as

cervical cancer is, but they affected 92,525 people in the UK in 2008. Those cases cost the NHS £22m to treat. "Our concern is that we didn't pick the right vaccine in the UK," said the Terrence Higgins Trust.

We must ask questions about the safety of this vaccine, of course, but not so that we lose sight of the real argument. Ironically, the young woman who wrote on the NHS's messageboard may live in a country that provides the better treatment. Natalie Morton didn't. Teenage girls just like her are being let down all the time by the vaccination programme in Britain. Just not in the way that seemed obvious last Monday.



Tumour: Coventry schoolgirl Natalie