The HPV Vaccine Debate Meets the International Stage

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In a case of unintended consequences, the immunization committee of the Centers for Disease Control and Prevention (CDC) have effectively mandated that all females between the ages of 11 and 26 who apply for permanent residency in the US must be vaccinated against certain strains of the human papillomavirus (HPV).\(^1\)

The CDC Advisory Committee for Immigration Practices recommended the vaccine for female US citizens between the ages of 11 and 26, not realizing that under a 1996 immigration law any vaccination recommended by the federal government for US citizens is mandated for green-card applicants. Gardasil, the vaccine comes in three doses given over a period of months and costing approximately $360. The vaccine is the only mandated vaccine for green-card applicants that is not meant to fight infectious diseases that are transmitted by a respiratory route.\(^2\)

The required vaccinations are listed on the I-693 Report of Medical Examination and Vaccination Record, a form that is required of all applications seeking adjustment of their status to permanent residency status. The applicant is responsible for all costs associated with the medical examination and any required vaccines or tests. Applicants may apply for waivers if they have moral or religious objections to the vaccinations, but this may still be used against them when their application is reviewed.\(^3\)

Ironically, Gardasil is not finding traction among US citizens. A recent study focusing on females between the ages of 13 to 17 found that only one in four girls had received the vaccine. Possible reasons for the low rate include the relative newness of the vaccine and parental concerns about vaccinating young girls against a sexually transmitted disease.\(^4\)

Joining in the debate about requiring the vaccine among green card applicants are immigration advocates, physicians, and experts, including some from the CDC itself. The main criticisms are the financial and time burdens (although only one dose of the vaccine is required by law), the fact that the vaccine is relatively new and not all potential side effects are known, and the weak policy arguments for requiring green card applicants to get a vaccine against a disease that is only transmittable sexually.\(^5\)

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\(^2\) Id.

\(^3\) See Form I-693 and Instructions for I-693, available at: http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4e2a3e5b9ae89243c6a7543f6d1a/?vgnextoid=db029c7755cb9010VgnVCM10000045f3d6a1RCRD&vgnextchannel=db029c7755cb9010VgnVCM10000045f3d6a1RCRD (last accessed Oct. 8, 2008).


\(^5\) CDC Officials Unaware Recommendation on HPV Vaccination Would Lead to Immigration Mandate, Medical News Today, Oct. 2, 2008, available at:
Section 212 of the Immigration and Naturalization Act (found at 8 USC 1182) is the law at issue. It details the health-related grounds for which aliens may be found ineligible for admission to the US. These include any alien who fails to document having received vaccine against certain vaccine-preventable diseases including all those recommended by the Advisory Committee for Immunization Practices. While the CDC Committee may have been unaware of the law, it is clearly written so as to be understandable by lay persons.

Several issues are raised by the current situation. The first is the ignorance (meant literally and not with negative connotation) of the CDC Committee regarding the impact of their recommendations. As cited above, committee members quickly responded to news articles about the immigration immunization requirement with statements that had they known of the law they would have made a different decision. As the decision to recommend Gardasil was not without controversy with respect to US citizens – due largely to the cost of the vaccine, the relatively unknown extent of possible side effects, and the concerns about vaccinating young girls against a sexually transmitted disease – the Committee should have examined the possible impact of its decision before making it. Had a request been made of the CDC’s legal office, it is likely that the Immigration and Naturalization Act section would have been uncovered and could have been considered when making a recommendation about Gardasil. It is evident that this was not done.

Additionally, doubts must be raised about the role the CDC Immunization Practices Committee should have on immigration policy. While the policy behind requiring those seeking admission to the US to have been vaccinated against certain vaccine-preventable diseases is a strong public health measure, the HPV situation shows that there must be some level of review between CDC recommendations and I-693 form requirements. As more and more vaccines are made available for diseases without easy airborne transmission, concerns over the risk-burden analysis for requiring vaccines of potential immigrants will only grow. While the medical research is not there yet, vaccines are in the works for prostate cancer and HIV. These vaccines are likely to be expensive when first on the market and to bring many of the same concerns that the HPV vaccine has raised.

There is also the questionable wisdom of the public health policy being used with respect to the HPV vaccine. Merck has had its vaccine approved for use in young females, but it has not completed testing or sought approval for use in young males – as men are also susceptible to certain forms of HPV and are known carriers of HPV strains that can cause cervical cancer, there is weak public health justification for not seeking approval for the vaccine for males and making a similar recommendation that young males receive the vaccine.


6 8 USC § 1182 (a)(1)(A)(ii).
So, in essence, what we have here is an unintended consequence with national and international implications that has required an expensive and relatively new vaccine be given to young women seeking admission into this country despite the fact that only 25 percent of American females in the relevant age group are receiving the vaccine. It is hard to argue that this is good public health policy, let alone good immigration policy. Clearly changes need to be made to the Immigration and Naturalization Act and/or to the CDC Immunization Practices Committee’s procedure to ensure that this sort of mistake does not happen again.