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**A Message from the Alberta Catholic Bishops to Parents, Trustees,  
Superintendents of Education of Catholic School Boards  
and to the Catholic Educational Community**

In June 2008, the Government of Alberta announced the introduction of the Human Papilloma Virus (HPV) vaccine into the publicly funded immunization program. This means that female students entering Grade 5 classrooms in September in our school system will be offered the vaccine. Beginning in September 2009, Grade 9 girls will also be eligible for a three-year period.

We affirm that parents are the primary decision makers for health care matters for their children, so that the decision regarding the use of the Gardasil vaccine is a parental, not an Alberta government, responsibility. This is a voluntary program and parents have the final decision on whether their daughters will be vaccinated.

We encourage parents to keep in mind some important considerations.

First of all, HPV infection is common – 70 per cent of adults will have HPV at some point in their lives. The infection often clears on its own within two years. For some, however, the infection can become chronic, leading to cervical changes, and possibility cancer.

The sexually transmitted human papilloma virus is not a contagious disease like measles, mumps or rubella. HPV or other sexually transmitted diseases can occur only through sexual activity.

Catholic teaching recognizes that the gift of sexual intercourse belongs to the covenanted relationship of marriage. It is important that young people be educated about sexuality and sex, as well as learning about sexually transmitted diseases. So-called “casual” or “recreational” sexual activity carries with it profound risks to a young person's spiritual, emotional, moral, and physical health. We note that, at best, a vaccine can only be potentially effective against one of these risks, that to physical health, and may have other unintended and unwanted consequences.

Sexuality is a great and powerful gift. Outside of marriage, abstinence is not only clearly the choice that leads to spiritual and moral well-being, but it is obviously the best protection against risks of disease.

Parents, physicians, educators, and governing bodies should adopt a health-oriented approach that addresses sexual attitudes and behaviours recommending delayed genital sexual activity.

Parents must take responsibility for playing a role in the promotion of healthy life-styles. Parents need to promote ongoing dialogue with their pre-teen and teenage offspring about relationships and sexuality. Through teaching, active monitoring of social and other activities, and giving overt guidance regarding appropriate and safe dating relationships, they need to protect their children from counterproductive influences and potential abuse.

Our youth are relentlessly bombarded with sexual messages and imagery in media, entertainment, advertising and some types of music. Although it is difficult to objectively quantify the full impact of sexual imagery, we are all aware of the impact of popular culture on both behaviour and self-image.

We need to move beyond a societal preoccupation with appearance, image and measuring up to an artificially created supposed ideal; teach critical thinking skills; provide factual information and guidelines as needed; and teach right from wrong.

Secondly, although school-based immunization delivery systems generally result in high numbers of students completing immunization, a school-based approach to vaccination sends a message that early sexual intercourse is allowed, as long as one uses “protection.” This societal message also implies that young people are not capable of making decisions for themselves or they are too young to make good decisions. We think more highly of our youth and would prefer to equip them for proper decision making.

Thirdly, there is no consensus among those involved in public health in Canada that HPV vaccination is the most prudent strategy in terms of allocating health care resources to address the goal of preventing deaths resulting from cervical cancer. Further research is required.

We encourage parents to learn the medical facts concerning this vaccination and possible side-effects. The best interests of children demand that parents and guardians be fully informed before granting consent. Good information on both the relative effectiveness and the considerable limitations of Gardasil is available on a number of websites, e.g. Health Canada and the U.S. Centers for Disease Control and Prevention.

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