



Volume 3, Issue 3

Polio Oz News

September 2013—Spring Edition

'Walking' for Polio Australia

by **Mary-ann Liethof**
Editor

Sunday 1st September was a lovely, sunny Spring day in Melbourne, as our "[Melbourne Meander](#)" team gathered at Birrarung Marr, on the banks of the Yarra River, for an 11.00am start. Polio Australia joined in with hundreds of individuals and families walking and wheeling for this year's "Walk With Me" fundraising event organised by Scope in Victoria.

Polio Australia's "[Melbourne Meander](#)" team ended up consisting of 18 polio survivors (*photo below*), their families and friends in Melbourne, with Fran Henke (*photo right*) and her supporters, Raji, Kabir and

Gail trekking 8 kms around Flinders in Westernport.

All 10 registered "[Melbourne Meander](#)" team members were busy finding supporters to sponsor them in the lead up to the event—and what a fantastic result! Polio Australia is delighted to have received a total of \$5,290 from around 90 generous donors for this event.

However, veteran 'walker', Fran, was a clear winner, attracting \$1,300 from a number of dedicated followers. Fran was one of only two 'walkers' in last year's event, so she had a distinct advantage!

The other 'veteran' is Dr John Tierney, Polio Australia's



National Patron and current President. This year, John will be walking as a member of Polio Australia's "[Parramatta Promenade](#)" team on Friday 13th September. The New South Wales "Walk With Me" fundraising event has been organised by Northcott.

As this is being written, the 7 team members (more 'walkers' would be most welcome!) have managed to raise a healthy \$6,911 from scores of enthusiastic donors. It's not too late to make a donation - every dollar helps! Both team pages will be open to donations for some weeks . . .

All in all, Polio Australia is absolutely delighted with the positive energy and generosity underpinning these two events, all thanks to our post polio community, families and friends, far and wide. **We salute you!** 🇦🇺



National Patron: Dr John Tierney, PhD, OAM

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From the President



Dr John Tierney
President

Fellow polio survivors, now that the Balnaves Foundation three year grant is coming to an end, at Polio Australia we have made some progress in diversifying the funding base of the organisation through a range of measures that we have been developing over the last year.

One of the most promising avenues of funding is re-establishing our link with Rotary. Rotary International has done tremendous work in helping to eradicate polio from the world and it is now only endemic in three countries. But Rotary's earlier work with polio survivors between the 1920's and 1950's in Australia is all but forgotten. Back in the 1920's Rotary founded the Crippled Children's associations across Australia and continued great work on behalf of polio survivors right up to the 1960s.

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From the Editor



Mary-ann Liethof
Editor

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For those of us living in the Southern Hemisphere, "Happy Springtime"! If you've been paying attention, you'll know that this edition of "Polio Oz News" is fairly close on the heels of the late Winter edition, so I have now caught up.

Australia has since held a national election and we now have a new coalition government, with Tony Abbott as Prime Minister. Regular readers will know that we have been actively lobbying parliamentarians on a bi-partisan basis over the past few years. So Polio Australia is very interested to see if any funding will be forthcoming to support polio survivors from our new government representatives . . .

In the meantime, you can see that we have not been idle in

continuing to raise awareness and funding for projects like the next Polio Health and Wellness Retreat in New South Wales (P 10). Of course, we are absolutely delighted with the "Walk With Me" fundraising effort, which has been far more successful than we anticipated, thanks to your generosity!

There are several interesting articles to read in this edition, including a walk down memory lane with Graeme Johnson's orthotist, Walter Burt (P 8), and a warning to hospital patients to keep asking questions (P 7).

Enjoy! 🌟



From the President (Cont'd)

Polio Australia is now rebuilding this connection. We have speakers going to Rotary club meetings in Melbourne, Sydney and the Hunter Valley, re-establishing the link with the "We're Still Here" message. Every club we go to we receive a donation for the work of Polio Australia. If you would like to join the speakers panel, please contact Mary-ann. This speaking program is laying the groundwork for developing links between Polio Australia and Rotary at a higher level and I hope to have positive news on this front in the coming months.

Finally, thank you to everyone who is joining or donating to our "Walk with me" teams: the *Melbourne Meanderers* and the *Parramatta Promenaders*. So far we have raised more than

\$12,000 dollars with the Sydney team just having its nose in front. But it's not too late to donate. Just click onto the *Polio Australia website* then *Walk with me* and follow the easy instructions on how to donate to one of the team members taking part.

Take care,

John

**Dr John Tierney OAM
President and National Patron
Polio Australia** 🇦🇺



*John Tierney at last year's
"Walk With Me" event*

Touched by Polio: from casts to catharsis



Following a very successful launch of the "Touched by Polio" art works in March 2013, Polio Australia is delighted to announce that the remaining fourteen pieces are available for viewing and purchase throughout September 2013 at the studio @ flinders Gallery, as part of their "Childhood Memories" exhibition.

The Studio @ Flinders Gallery is a unique art Gallery situated next to the park in the delightful village of Flinders, on the southern end of the Mornington Peninsula. The Gallery was established in 2004 by a group of Ceramic Artists. Initially ceramics

was their emphasis, but they soon introduced many other forms of creative art and craft and feel very privileged to have the work of some of Australia's finest crafts people. They have blown and slumped glass, textile artists, jewellery makers, wood workers, visual artists and sculptural and functional ceramics. ◊



(L-R): *Butterfly; The Party Frock; My Elusive Dream; Splish, Splosh, Splash!*

Rotary Connections

The extraordinary work undertaken by Rotary International over the past three decades towards eradicating polio worldwide is an achievement that every one of Australia's polio survivors is aware of and fully supports. No one who lived through the pre-vaccine epidemics ever wants to witness the effects of this vicious virus on the community again.

However, in addition to the lengthy "End Polio Now" campaign, Rotary International has an even longer history with polio than you might know, having helped establish community organisations over 80 years ago to support Australian children and adults who had contracted polio.

In 1925 the Rotary Club of Sydney sent one of its Directors, Mr B R Gelling, to the USA to examine the support that Rotary was then providing to polio survivors. There he was introduced by Paul Harris (Rotary's founder) to Mr Edgar 'Daddy' Allen who had recently established the National Society for Crippled Children. Paul Harris and Edgar Allen were fellow Rotarians and close friends and in the early 1930s they framed the Declaration of Rights of Crippled Children. Paul Harris became the Patron of the National Crippled Children's Society and for the rest of his life maintained a keen interest in the support of polio survivors.

In December 1929 the Rotary Club of Sydney convened a meeting of 'concerned citizens' in the Sydney Town Hall and as a result the New South Wales Society for Crippled Children was established. The then President of Sydney Rotary Club, Sir Henry Braddon, became the first President of the fledgling New South Wales Society for Crippled Children. In fact, of the seven state wide community organisations around Australia once known as "Crippled Children Societies", six were established by Rotary.

Polio Australia is now inviting Rotary International's Australian Districts and Clubs to explore strengthening relations with polio survivors – particularly during Polio Australia's observation of Polio Awareness Month in October in conjunction with Rotary's celebration of World Polio Day on 24 October.



How can Rotary Clubs participate?

This might be done in the following ways.

By inviting a polio survivor to speak at your Rotary Club. Contact [Polio Australia](#) to book.

By challenging your Rotary Club to see how many members are polio survivors, and how many they know of and/or can track down to sign them all up to the Australian Polio Register – either [online](#) or by downloading the [paper](#) version, which can then be posted back to: Polio Australia, PO Box 500, Kew East, Victoria, 3102.

This might entail sourcing people through links with other clubs, especially those that attract a high number of retired people such as golf clubs, or aged care facilities, and other community services.

Polio Australia has included a section in the "How did you hear about the Australian Polio Register" section of the Registration Form where registrants can select "Rotary" and provide details of the Club which made them aware of the Register. This will help to track which Rotary Clubs are most active.

Check Polio Australia's 'Rotary Connections' webpage [here](#) for more details. 



'Wait-times' Project

The following information on the assistive technology 'Wait-times' Project was provided by one of Polio Australia [Clinical Advisory Group](#) Members, Natasha Layton. Natasha is an Occupational Therapist and Associate Researcher at Deakin University. Although this project was based in Victoria, it is undoubtedly reflective of wait times for assistive technology across the country.

The State Trustees funded the Aids and Equipment Action Alliance (AEAA) to conduct the 'Wait-times' Project. The purpose of the project is to investigate wait times for assistive technology (AT) in Victoria and to present policy options. The project is based on concerns with the wait times faced by Victorians eligible for equipment funding through the Victorian Aids and Equipment Program (VAEP), which operates as the Statewide Equipment Program (SWEP).

In 2010, the [Equipping Inclusion Studies](#) demonstrated that for many Victorian consumers, the partial funding subsidy that VAEP provided did not deliver hoped-for outcomes. The majority of VAEP Scheme users require multiple AT devices, yet no safety net exists to support the need to find multiple top-up funds. Economic evaluation identified that:

. . . elements of AT cost are carried by funders (including AT users) other than the Victorian Aids and Equipment Program; and . . . key elements of AT were not covered at all. This results in those in need being at risk of going without needed AT and the outcomes it enables. On criteria of both efficiency and equity, this finding has policy implications for the extent of subsidy support deemed appropriate for this low income and special needs group. (Layton et al, 2010:13)



Summary of Key Recommendations

Three recommendations were made on the basis of the literature and of the data collected by the 'Wait-times' Project:

1. **An entitlement approach.** That is, provide approved equipment at time of need, similar to the Pharmaceutical Benefits Scheme. Increased resources are required to implement this recommendation.
2. **'Purchase and reimburse' model.** That is, improve SWEP's flexibility by reimbursing the subsidy amount. This recommendation has organisational and short-term resource implications.
3. **'Concurrent wait-list' or 'approved in principle' model.** Consumer enters the 'wait period' at the point of indicative need; in other words, the point when a need is identified even if not fully assessed. Therefore, the time-consuming processes of full assessment, equipment trial and report writing occur concurrently with the SWEP wait period.

The full Executive Summary of the 'Wait-times' Project can be read [here](#). ●



Update on the National Disability Insurance Scheme

The following update on the NDIS was sourced from the [Chronic Illness Alliance](#) (CIA) September 2013 Newsletter. Polio Australia is a member of the CIA, and we thank them for permission to reprint this information.

The Chronic Illness Alliance has 55 member organisations, both state and national. The aim of the Alliance is to build a better focus in health policy and health services for all people with chronic illnesses.

The CIA's preferred definition of chronic illness is as follows:

"...an illness that is permanent or lasts a long time. It may get slowly worse over time. It may lead to death, or it may finally go away. It may cause permanent changes to the body. It will certainly affect the person's quality of life."

Update on the NDIS and People with Chronic Illnesses and Genetic Conditions

In July the Chronic Illness Alliance provided members with the opportunity to learn more about the NDIS, now known as DisabilityCare Australia. Some of our members have had little time to catch up with the roll-out of DisabilityCare, since it became law in March this year.

This wonderful presentation by Dr Jane Tracy from the Centre for Developmental Disability Health, Monash University, was informative and brought us up to date with the pilot projects.

With launch sites in:

- Hunter region NSW;
- South Australia (for children);
- Tasmania (adolescents); and
- ACT and Barwon region Victoria;

the full scheme will roll out across Australia between 2016 and 2019. There was widespread discussion on the relationship between chronic illness and disability which is, of course, ambiguous but **the focus of DisabilityCare will be function and functional impairment, regardless of diagnosis.**

As you can see in the highlights of Dr Tracy's talk, Australia has had a great deal to catch up on in the area of community disability support and DisabilityCare is a significant beginning. There has been a heavy reliance on our sector to provide this support and many Alliance member organisations work with families where there are severe functional impairments whereas other member organisations provide information and education to prevent severe impairment.

It is now important that each member organisation considers how DisabilityCare might improve the lives of its clients. Some of our members might like to explore opportunities to become registered providers with DisabilityCare or to think about the possibility to train disability workers on the needs of the people they represent.

Highlights from NDIS Forum

- Out of the 27 OECD countries Australia is 21st in employment of people with a disability and 27th in relative poverty risk for people with a disability. In the past the support for individuals was based on: how their disability was acquired (e.g. at work or a traffic accident), diagnosis, personal resources and their ability to advocate for themselves.

- To improve the inconsistency in disability care and to make more effective use of funding, the scheme takes an insurance approach to minimise lifetime costs and maximise opportunities and participation.
- Eligibility will depend on function and not diagnosis and give people choice and control over their lives to maximise people's opportunities to participate in the social and economic lives of their communities.
- The disability must be permanent and there must be reduced functioning in self-care, communication and mobility requiring ongoing support.
- A person must be under the age of 65 years to qualify.
- Most funding goes to individual support packages (ISP) allowing people to purchase services that best meet their needs and provide opportunities to participate.
- ISPs will be delivered by providers who will compete to provide innovative supports that assist people to participate in their communities as fully as they are able.
- A support package is developed with an Agency. It contains the person's goals and aspirations and the supports to meet them.

Report: Queensland's Health Watchdog

by [Nance Haxton](#)

Source: [The World Today](#)/ABC News - 2 September 2013

A report from Queensland's health watchdog is calling for medical workers in hospitals to take the concerns of patients' relatives more seriously.

The Health Quality and Complaints Commission analysed 172 complaints over three years and found more than 40 per cent of them were serious. It found that hospitals failed to recognise family warnings about the rapid deterioration in the condition of their relatives.

Assistant Commissioner Dr John Rivers says ignoring warnings can cause harm to patients.

"These are a series of complaints about deterioration, most of them relatively severe events where there was potential for significant patient harm," he said.

"What we've learned from this is that deterioration can be a very rapid process, so it's important to respond to any signals that alert you to that.

"And particularly when patients and their families and their carers feel that there's been significant deterioration that often should prompt a rapid clinical response."

Dr Rivers says hospitals can improve their responses to concerns raised by families.

"That's particularly true with ill patients and with children and for people where there is substantial risk of sudden changes in the clinical condition, unwell patients," he said.

Dr Rivers says the complaints the Commission looked at only represent a "tiny percentage of events in the healthcare system". However, the Commission recommends doctors rapidly reassess a patient's condition if there are concerns from a family member.

"Everybody involved in the care needs to be alert to the process of clinical deterioration," Dr Rivers said.

"If anybody, the patient, the actual family or the carer and anyone in the clinical team - the nursing staff and the medical staff - are concerned about deterioration, then there needs to be a rapid reassessment of the clinical situation."



He says a lot of the problems are often systemic.

"The easy response is to blame individuals, but in fact many of these clinicians probably had high workloads and many sick patients," he said.

"[Doctors] obviously can't be with them all at the same time so much of the issue may be systemic rather than individual." 🟡

Polio Australia would like remind readers about an article published in [Polio Oz News](#) in June 2012 titled "[Medical Misadventure: A preventable tragedy](#)" (P 11) relating to the death of Vivian Endean, and written by his partner, Fleur Rubens.

Fleur wrote:

"I was never too happy with his progress, but when friends came to visit they found him better than I had described. His complexion was rosy. I felt that maybe I was exaggerating his condition, being unduly negative, expecting too much etc. After Vivian's death I learnt that what look like a healthy ruddiness is in fact a sign of excessive carbon dioxide in the blood."

One of her recommendations was to:

"Listen to your own instincts. Keep asking questions until you are properly listened to." 🟡

Walter Burt—The Great Mobiliser

by Graeme Johnson

Co-convener, Gold Coast Polio Support Group

Fifty years ago I was a 19 year old polio survivor who had completed 3 years of my Engineering Degree and had just been offered a cadetship with Australian Consolidated Industries. The first item I intended to buy was a caliper with an articulated knee. After saving for a while, the day arrived to start negotiations to purchase a new caliper, and that's when I met Mr Walter Burt.

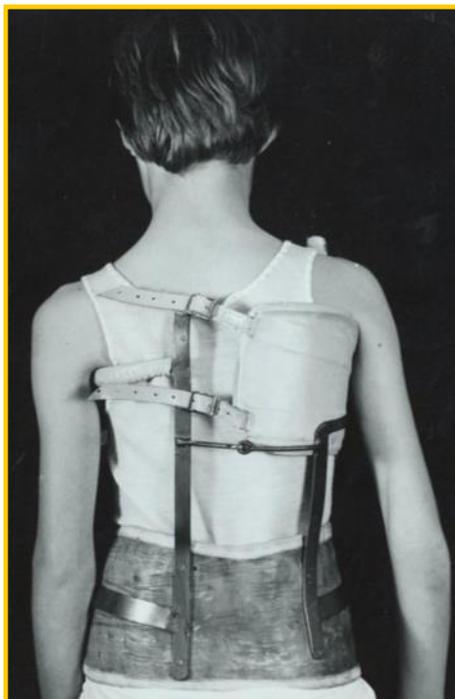
Like many disabled people, I will always be indebted to this kind and competent splint maker. Mr Walter Burt now lives on the Gold Coast, and throughout his life he was responsible for mobilising many a disabled person. He was born at such an age that he was a young man when the polio epidemic of the 1940's hit Australia.

Mr Walter Burt recently gave a talk to the Gold Coast Polio Support Group. He explained that during these epidemics, the availability of material was of great concern after the war. However, they improvised, as they had to succeed in providing the disabled person with some type of mobility.

This gentle giant of a man is an inspiration to all concerned for his unrelenting effort in ensuring all disabled people were adequately mobilised to his satisfaction.

Our paths of life crossed now and again and I remember one episode when I was supplied a caliper by another technician. I could not wear the caliper because it was made to a drawing and not to the demands and shape of the individual. Fortunately for me at the time, Walter happened to pass by the dress cubical and I relayed my concerns. He immediately confiscated the caliper and arranged for a new caliper to be supplied to his design.

Today I still wear the caliper Walter designed and built. Ten years ago our paths crossed again when Walter was disposing of old equipment at Lifeline on the Gold Coast, and we were able to renew our friendship. ●



Chest Brace

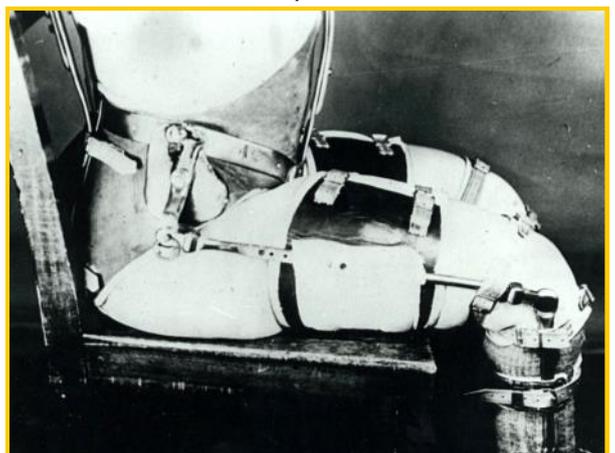
This illustrates the method of straightening a polio body in the early 1950's.

It is a cumbersome contraption built from steel and leather basically, but again, without such devices the individual would not be mobile.

This photo (*below*) shows a complex brace of the 1950's, whereby the patient suffered considerable inconvenience. This polio victim needed support for his trunk, as well as his knees, and respective legs.

It must be appreciated from the old photographs that designs are limited by the availability of materials and the extreme lack of interchange knowledge.

Notice in this particular photograph, leather is used extensively and the leather corset would have been very uncomfortable.



Complex Body Brace

Poliomyelitis in Western Australia: a history



SUNDAY 22 September at 2pm
 (Following AGM which commences 1.15pm)
 Para-Quad Industries Hall
 10 Selby Street Shenton Park 6008

Book launch and speech by Professor Fiona Stanley AC
 Second speaker Mr Kevin Lehanz

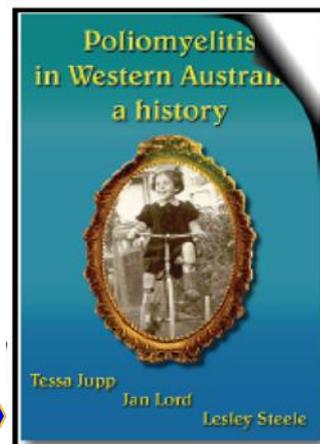
Please RSVP by 15 September 2013
 Ph: (08) 9383 9050 / email: poliowa@upnawag.com.au

(same contact details to place a book order)

This book is dedicated to the more than 2000 polio survivors living in WA many of whom have contributed and recorded their experiences with polio and the effect it has had on their lives and those of their loved ones and also to the health personnel who coped with polio both in the acute and recovery stages. Today late effects of polio have emerged as a new and growing problem. So as the numbers of WA polio survivors remaining diminish with the passing of time, this book serves as a timely reminder to future generations of past battles fought to conquer this virus that left such a devastating and disabling legacy on its victims.

'Old polios' may fade away but here their memories of the polio battle won, linger on.

Dr John Stokes Niblett CSM, MBBS, FRACR, FACHPM



3. **2.** **1.** **GO.**

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Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 July to 31 August, 2013:

Hall of Fame (\$1,000 plus)

Name	Donations - General
John Tierney	\$2,500
Total - \$2,500	

Significant Donations

Donation - General	
PolioSA	
Robert Hannan	
Arthur Dobson	
Bonita Mason	
Total - \$1,178.95	

Fundraising Campaigns Walk With Me and Rotary Clubs of Australia

Name	Donations - Walk With Me
"Melbourne Meander" Team (as at 12/9/13)	\$5,290.00
"Parramatta Promenade" Team (as at 12/9/13)	\$6,911.00
\$12,201.00	
Name	Donations - Rotary
Rotary Club of Kew (Vic)	\$500.00
Rotary Club of Maitland Sunrise (NSW)	\$750.00
\$1,250.00	

2014 Polio Health and Wellness Retreat

This is an early notice to advise that the 2014 Retreat will be held at [St Joseph's Centre for Reflective Living](#) in Baulkham Hills, New South Wales. The dates are Thursday 8th May to Sunday 11th May. Polio Australia held its first Retreat at this venue, which is a lovely, peaceful environment, and very conducive to sharing and learning new information. It is also one of the more modestly priced venues, which means we can pass on the savings to participants.

As with all our Retreats, Polio Australia has already made several funding submissions to philanthropic trusts to subsidise the cost. We were recently advised that we were successful in receiving a \$5,000 grant from the IM and SK Families Fund, a sub-fund of the Australian Communities Foundation. There are several trusts yet to respond.

More information will be provided in the coming months. ●



Keeping Polio Australia Viable

When Polio Australia campaigners went to Canberra in June this year, we took along a "[Proposal to support polio survivors](#)" which details why a better equipped organisation in the form of financial and human resources would not only allow Polio Australia to run its current programs more efficiently in regards to community/patient education, it would also facilitate the development of a raft of other innovative programs to ensure Australia's polio survivors are well supported.

Ideally, government funding is required to strengthen Polio Australia so that it has adequate resources with which to fully realise the Federal Government's Standing Committee on Health and Ageing's [Recommendations](#) proposed in the "[Discussion Paper on the Late Effects of Polio/Post-Polio Syndrome](#)".

However, Polio Australia recognises dependency solely on federal funding is not sustainable and has planned a number of funding revenue wells to carry the service through its projected thirty year service requirement. And ongoing fundraising must be one of those strategies. 

Become a Friend – Invest in Polio Australia and Make a Difference

Please invest in Polio Australia's work to help ensure that all polio survivors in Australia have access to appropriate health care and the support required to maintain independence and make informed lifestyle choices.

Polio Australia is endorsed by the Australian Taxation Office as a Health Promotion Charity and a Deductible Gift Recipient making all Australian donations over \$2 tax deductible. Polio Australia will issue an official receipt for all donations received.

Your Donation can be made via any of the following methods:

Cheque

Please make cheques out to Polio Australia Inc and post to PO Box 500, Kew East, Vic, 3102
To ensure your donation is correctly credited please click [here](#) to download, complete and then forward the donation form with your cheque

Electronic Funds Transfer

Bank: Westpac
Branch: Parramatta, NSW
BSB: 032-078
Account Number: 555766
Account Name: Polio Australia Incorporated

To ensure your donation is correctly credited please click [here](#) to email your EFT transaction details to Polio Australia

Credit Card or PayPal

Your credit card donation is securely processed through PayPal on behalf of Polio Australia. You do not need to have your own PayPal account. Simply follow the links on [this page](#).

Bequest

Include a specific bequest to benefit Polio Australia in your Will. Consider making a bequest to Polio Australia and determine the type of bequest which best suits your circumstances and wishes. Check [here](#) for details.

Thank you for investing in us to make a difference – every donation helps polio survivors

Feature: Polio Network Members of Polio Australia

Polio Australia is the peak, national body representing polio survivors in Australia. The Committee of Management is made up of two representatives from each of the original six state polio networks.

In this edition of *Polio Oz News*, we are featuring the Post Polio Network of WA. The following article was provided by PPN of WA's Executive Officer, Tessa Jupp.

The West Australian Polio group in Perth started with a public meeting held in the PARAQUAD hall on 24 August 1989. Prior to this, a meeting for polio survivors had been held in Bunbury 23 June, advertising that new information was available on post-polio. Information from this meeting had filtered through to Tessa Jupp, who had been searching for this since she and her husband Colin had been informed in 1984 by pathology staff at Royal Perth Hospital that there was something very rare happening to polio survivors in USA.

Armed with this and more information that had been sent to ParaQuad in Perth from Beth Brodribb at (then) ParaQuad Victoria and information brought to Perth by Jack Phillips from the NZ Polio Support Group, Tessa had gathered a small group of known polio survivors to organise this big meeting for which an interview by Channel 7 in Perth went national. Unfortunately, Colin Jupp died of respiratory failure due to post-polio in the midst of these preparations, leaving Tessa to cope with the tremendous response the TV news item created. ParaQuad, where Colin had worked in his wheelchair at the sheltered workshop, allowed Tessa to use a small office there and so the Network developed from the initial 230 polio people who turned up from all over WA for that first meeting.

Amongst the first to volunteer for the initial committee at that meeting, were Dr John Niblett and physiotherapist, Brenda Lake, both polio survivors. Finding that there were medical and allied health workers in the WA polio population, it was the next logical step that a polio clinic be set up to deal with the health problems prevalent in the now 500-plus who had joined the Network and were clamouring for help. So with the assistance of Dr David Hillman from the Sleep Disorder Clinic and his registrar Dr Peter Nolan, at Sir Charles Gairdner Hospital (SCGH) where Dr Niblett also worked, a free "group-polio clinic" staffed by volunteer health workers, including registered nurse Tessa Jupp, physio Brenda Lake and some of her colleagues, an Occupational Therapist, a respiratory technician, two orthotists from the State Orthotic Dept, and some students from the School of Podiatry, was up and running early in January 1990.

Free country clinic visits were made to Bunbury, Busselton, Albany, Narrogin, Kalgoorlie and Geraldton in that first year as well as the free weekly evening clinic in the metropolitan area, based at ParaQuad. Numbers continued to swell to the 2,200 polio contacts in WA to-date and returns of the questionnaire that Tessa had first put together in August 1989 grew from the initial 110, to 500 by Sept 1990 and to the present 1,675 individual records, which provide valuable ongoing statistics on WA polio survivors. The first quarterly newsletter was sent out by Tessa in Nov 1989 and a book of 39 polio stories produced by March 1990. An "Odd-Shoe Bank" was an early initiative set up at the Polio Office, where people donate the "unwanted-others" when buying 2 pairs to make a pair. Tessa, Brenda and Dr Peter Nolan were invited speakers at the first National Polio Conference in Vic in 1991 and in SA in 1992. Tessa has spoken at other Polio Conferences since then, including the Miami International Polio Conference in 2007 where she presented papers on the ongoing carnitine research undertaken by the WA Polio Clinic since 1994. Serum carnitine levels are facilitated by the Children's Hospital as part of clinical management by Dr Niblett.

In 2000, Poliowa was successful in getting the WA Health Dept to provide a Late Effects of Disability Clinic (primarily for polios) at the Royal Perth Rehab Hospital, a welcome addition to the State Orthotic Clinic and Wheelchair Clinic available to WA polios at that hospital, which had been the Infectious Diseases Hospital in the days of acute polio. This physio-driven clinic which operates 3 days a week, is run by Deb and Andrea and headed by Rehab specialist Dr Dade Fletcher. Dr Hillman's clinics at SCGH continue to provide expertise for polios with respiratory and sleep disorder problems. The Poliowa Clinic is now run as a day-clinic by Tessa Jupp RN. Dr John Niblett continues as Hon Medical Officer for the Clinic and President for the Network but is currently working from a wheelchair as the only radiation oncologist for PNG at Angan Hospital in Lae. He maintains contact with Poliowa by phone and email.

Post Polio Network of WA (Cont'd)

Poliowa has an elected Management Committee and membership is free for all WA polio survivors. Fundraising has always been an important part of maintaining the Network which became separately incorporated in 1992 although links are still maintained with ParaQuad. Lotterywest has provided funding for office equipment but not ongoing funding to run the Network. A large part of income is by general donations from members and donations for service provision. Poliowa moved to larger premises in 1995 at Perry Lakes Stadium and to a shopfront at Floreat in 2007. Early on it became apparent that WA polios did not want support groups so these were not formed.

The Network provides information, advice and clinical support to maintain the independence of its members. There are regional groups in the major country centres that usually only meet when Tessa visits to give talks and conduct clinics. Members attend annual meetings with a guest speaker and the Christmas Party. Polio Reunions were held in 1991 and 2005. A Lotterywest Grant provided the finance to produce a 500-page book on the history of polio in WA which will soon be launched - see P 9. This will be closely followed by another book of more than 200 polio stories that have been submitted over the past 10 years.

Tessa is the only employee of the Network and works more than full-time. She fulfils the role

of CEO, clinic sister, counsellor, educator, researcher, fundraiser and newsletter, health booklets and stories book editor. Tessa is ably assisted by a number of volunteer members who assist in running the Polio Office. Tessa provides individual, group and phone consults to members which can take up to 4 hours. Part of the service provision has been procuring cheap, good quality and effective nutritional supplements to help alleviate health concerns of polio members who call in to pick them up or have them mailed out. The clinic continues to provide polio research and as well as carnitine, is presently trialling a stem-cell enhancer which appears to be benefitting members. WA is a large state and outreach to cover distance includes web page, emails and phone. ●



**PPN of WA
representatives on
Polio Australia's
Committee of
Management
Tessa Jupp (top)
and Jenny Jones**

2014 Post Polio Conferences



[Post-Polio Health International](#) (PHI) will be holding its 11th International Conference from Saturday 31 May to Tuesday 3 June in St. Louis, Missouri, USA, in 2014. The theme of this conference will be "Promoting Healthy Ideas" which will explore how people with disabilities can be healthy or, at the very least, strive to be healthy.

The program committee is developing sessions based on: wellness practices, recreating ourselves, minding our relationships, life decisions of ageing, conditions of ageing, and more. Keep checking the PHI website for emerging details.

POST POLIO SYNDROME: A Condition Without Boundaries

Following the successful conference in Copenhagen in 2011, the 2nd [European Polio Conference](#) will be held in Amsterdam from 25-27 June 2014.

The Conference aims to promote better care for the large number of 700,000 Europeans suffering from late effects of polio by exchanging knowledge between health care professionals, researchers, polio survivors and patient organisation representatives from Europe and world wide.

Keep checking the conference website for details: <http://polioconference.com/> ●



The Things I've Done

by **Michael O'Shannassy**

I was one of the last to get polio in Melbourne, Australia. My mother said I caught it about 2 months before the vaccine came out. I was in the Fairfield Infectious Diseases Hospital for a while, then moved to Hampton Rehabilitation Hospital for a year.

I believe I was close to being in an iron lung but, fortunately, I just had polio in both arms and legs and had callipers for a few years! My mother always said I would reach 10, then 20, 30, 40 and 50; now, in few months, God willing, I'll be 60.

I've had to use the expression "*a fortunate life*" because, thanks to the help of parents, 4 brothers and 4 sisters, I've done a lot of things.

At first, mother had to keep my arms and legs straight and change bandages every few hours as I lay in a Thomas splint. I was 18 months old so I don't remember much.

Then a physiotherapist told my parents to get me moving, so my father had an inground pool build in late 1950s - unheard of then! I think it was first pool the Grollo Brothers built, all in concrete. I used to swim every day, even in winter in Melbourne. It was cold but it helped. By age of 7, I could throw away my callipers and I just wore built up shoes.

I started school at the age of 6 and graduated in 1970 from Monash University, where I did Economics and Law. I then worked for Australian Taxation Office (ATO) for 30 years, finishing up as Tax Counsel.

In the last 6 years, I've been in Tonga helping them with a new tax system, and now I'm in Zimbabwe doing the same.

I've always loved sport, especially football (Aussie Rules) and was Secretary and Team Manager of many teams in the 1970s and 1980s.

In 1984 I took up swimming again to help lose weight, and in 1988 I met a guy, who had also had polio, who said I could compete in

disabled games. I started competing in 1988 at the age of 35. At the National Wheelchair Games, I won 1 gold, 4 silver medals, and a bronze medal for the Australian Capital Territory team in wheelchair basketball.

I moved back to Victoria in 1989, having spent 9 years working at the ATO's Head Office, and went on to compete in my first international competition in Kobe, Japan, where I won a gold medal in a relay team.

Next games were in Beijing, China, where I won bronze in the 400m freestyle. I then travelled to Argentina and England, and attended 3 Paralympics - 2 as a spectator and 1 as volunteer in Sydney.

By 1988 I was playing golf every day, and doing some kind of running-hopping training so I could participate in a 10 km run (with a lot of walking . . .) around the old Parliament House. I ended up winning a trip to Singapore for my efforts in raising money for kids in Africa - and here I am, 25 years later!

I started to fall over a lot around 1988 and had to resort to using a half calliper. It was a lot lighter than the old iron ones, and made of plastic. Then, as post-polio hit me, I went on to use a crutch, as falling over (when not drunk) started to hurt.

I developed asthma in 1992, although losing weight and swimming helps nowadays. I moved from Melbourne to the Gold Coast in 2003, got married, and love it there when I'm not overseas. 🌐



2011 World Swimming Championships in Shanghai
Michael (far left), Team Manager of Tongan Swimming Team

Man Living in Hospital for 45 Years

by **Reissa Su**

Source: [IB Times](#) - 5 August 2013

Imagine living in a hospital for 45 years as a patient. This is the story of Paulo Henrique Machado who has spent almost all his life in a hospital. He had infantile paralysis when he was a baby due to polio. He has been living in a hospital in Brazil, Sao Paulo's Clinicas, for 45 years because he needs to be hooked up to an artificial respirator every day for 24 hours.

Despite his medical condition, Mr Machado has learned to become a computer animator and is currently involved in making a television series about his life. Brazilian-born Paulo Machado's first memories were moving around the hospital in a wheelchair.

Mr Machado has explored all the corridors of the hospital he has lived in for 45 years. He remembered going to the other rooms of children who were also confined during that time. This was how he discovered his universe with doctors and nurses as parents.

Mr Machado's mother had died when he was only two days old. He contracted polio as an infant, a result of one of the last polio outbreaks in Brazil.

Ligia Marcia Fizeto is Mr Machado's nursing assistant. She began working at the hospital just days after he was born. Ms Fizeto recalled it was sad to see the children lying on their beds, almost not moving at all.

Children who were diagnosed with polio in the 1970s had slim chances of reaching adolescence based on doctors' grim assessments. Children with polio were locked in a "torpedo" or a body-encasing iron lung. Few children in the hospital's polio ward were expected to have a life expectancy of just 10 years.

Despite Mr Machado's limited movements, he made friends with other children in the ward. His friends - Eliana, Anderson, Pedrinho, Luciana, Tania and Claudia, were with him for more than 10 years. He cherished their friendship. As a child, he could not imagine that he would lose his friends to polio.

By 1992, some of his friends had deteriorating health. He watched his friends die one by one until they were nothing but a memory. It was difficult for Mr Machado to see his friends lose



their lives to polio. He said each death was dismembering. He now has only one childhood friend left - Eliana.

Doctors were puzzled how the two polio patients have outlived fellow patients for so long. Mr Machado wakes up in the ward with his bed facing Eliana. Some people thought that he and Eliana were more like husband and wife, but Mr Machado believes they were more like brother and sister.

He believes Eliana gives him strength and vice-versa. They both trust in each other and he considers his relationship with Eliana crucial.

The risk of infection is always there. This is the reason why Mr Machado and Eliana had to stay in the hospital. As he got older and medical equipment became less bulky, Mr Machado has gone out at least 50 times in recent years.

Eliana Zagui spends her time writing in the ward. She is a published author and uses her mouth to paint. Since Mr Machado and Ms Zagui have lived in the hospital for so long, the hospital allowed them to decorate their rooms. Mr Machado has two powerful computers which he uses to train as an animator.

Mr Machado has successfully raised funds of \$65,000 to produce a 3D animated film series known as the [Adventures](#) of Leca and her Friends based on a book written by Ms Zagui.

Both are excited about their project and can't wait to see the whole animated series. Long-time nursing assistant, Ligia Fizeto can't help but feel proud of their achievements.

To contact the editor, e-mail: editor@ibtimes.com

Polio Shrinks Woman's Brain Tumor

by Sydney Lupkin (@slupkin)

Source: [ABC News](#) - 18 July 2013



Stephanie Lipscomb, 22, used to have a cancerous tumor the size of a lime in her brain. Monday, she learned that it's the size of a pea, and it's still shrinking even though she hasn't had any chemotherapy or radiation in more than a year.

Doctors at Duke University Medical Center attribute the shrinkage to the modified polio virus they injected into her tumor in May 2012, causing it to shrink without damaging surrounding healthy brain cells.

"Throughout this whole process, I never thought I was going to die," she said, adding that she's a religious person. *"This is just another part of my story."*

Lipscomb was finishing up her freshman year at the University of South Carolina Upstate in 2010 when headaches began to plague her as she juggled nursing classes and waitressing. At first, doctors told her she had chronic migraines and gave her caffeine pills. Later, they said she had a sinus infection and gave her antibiotics.

Nothing worked.

"I was pitiful," she said. *"By that point, my migraines were so bad, I couldn't eat anything without throwing it back up. I couldn't bathe myself. I couldn't dress myself."*

So she called her grandparents, who were nearby. They took her to the emergency room, fearing meningitis.

When Lipscomb's CT brain scans came back, they found a tumor the size of a tennis ball behind her right eye. It was a glioblastoma – the most aggressive kind of brain cancer. She was only 20 years old and told she would live five more years at best.

The typical glioblastoma patient has between 14 and 18 months to live from the time he or she is diagnosed, said Dr Annick Desjardins, Lipscomb's neuro-oncologist at the Preston Robert Tisch Brain Tumor Center at Duke University Medical Center. Even after surgery, these types of tumors usually return, signalling that the patient will die in three to eight months.

So when Lipscomb's tumor returned two years after her initial surgery to remove it, Desjardins gave her the option of enrolling in a clinical trial

Polio Shrinks Woman's Brain Tumor (Cont'd)

that would use the polio virus's scariest feature: its ability to unlock a cell, enter it and kill it.

Not all brain cancer patients were eligible, Desjardins said. Lipscomb's tumor was in the right frontal lobe, the area of the brain the controls planning and social skills. Had it been in the area that controls motor skills, vision or language, doctors wouldn't have offered the treatment because it would have been too dangerous to tamper with those areas of the brain.

Lipscomb's mom was on the fence about using the virus.

"She was like, 'What? They're gonna put polio in my daughter? What the heck are they thinking?'" Lipscomb said. *"I had to break it down a little more for my mom since I'm a nursing major."*

Using polio to treat cancer has been Duke neurosurgeon Dr Mattias Gromeier's goal for two decades, during which he created and studied a modified version of the virus under a microscope and in monkeys.

Lipscomb became Gromeier's first human patient, and so far, she has survived longer than she would have with standard treatment, Desjardins said.

"It has been most gratifying," Gromeier said.

The standard polio virus uses a receptor molecule present on brain cells to "unlock" them. The virus then enters the cell and replicates until the cell dies. Gromeier's modified version of polio is spliced with a rhinovirus, which causes the common cold. This allows it to enter healthy brain cells using the same receptor molecule – which is also found in most cancers – but the virus is unable to replicate, so it can't hurt the cells.

However, because cancer cells have a different biochemical makeup than regular brain cells, the modified virus is able to enter them, replicate and kill them much like normal polio does. As such, the virus leaves healthy brain tissue unharmed, but it targets and destroys cancer.

Once Lipscomb and her mom were on board, doctors used a catheter to enter Lipscomb's brain and slowly inject the virus over six and a half hours.



It took several months for the virus to start killing Lipscomb's cancer cells, but on Monday, she learned that the tumor was only the size of a pea. Desjardins told her it could come back, but the tumor was still shrinking.

"It was probably one of the most exciting scans I have ever seen of my brain," Lipscomb said. *"I don't think it's going to come back."*

Of the eight patients treated with the modified polio virus, two have not responded well. Three patients have been improving over the last few months and it is too soon to tell how well three other patients will respond, Gromeier said. He does not know why the tumors didn't shrink in two of the patients.

Another clinical trial is in the works so Gromeier can continue his research.

Since even non-glioblastoma cancer cells have the receptor polio needs to unlock it, Gromeier has been able to shrink melanoma, prostate, colorectal and pancreas cancers in a lab. Still, he has yet to do trials on animals or humans. ●

Polio Provocation

The health debate that refused to go away Provided by [University of Cambridge](#)

Source: [Medicalxpress](#) – 4 September 2013

For much of the 20th century, health professionals were locked in debate about one possible cause of paralytic polio. Some argued that the viral infection could be provoked by medical interventions; others hotly contested this theory. Historian Dr Stephen Mawdsley looks at the unfolding story of polio provocation.

In 1980, public health researchers working in West Africa detected a startling trend among children diagnosed with paralytic polio. Some of the children had become paralyzed in a limb that had recently been the site of an inoculation against a common paediatric illness, such as diphtheria and whooping cough. Studies emerging from India seemed to corroborate a similar association between diagnosis of polio and recent immunisation.

These reports reignited a debate known as the theory of polio provocation that has waxed and waned since the early 1900s – and, at times, shaped immunisation policy. The theory of polio provocation argued that paralytic polio can be provoked by [medical interventions](#), such as injections or tonsillectomy. The controversy that surrounded the debate forced medical professionals into the uncomfortable position of considering whether programmes and practices intended to prevent some illnesses might be also causing another.

In a [blog](#) published today by Oxford Journals, Cambridge University historian Dr Stephen Mawdsley looks at the ways in which the theory of polio provocation was debated in the US and beyond throughout the 20th century. His blog draws on his historical [research](#), published in the *Social History of Medicine*, into the polio provocation debate.

Polio is a terrifying disease. Most infections of polio pass unnoticed but, in a small percentage of cases, the virus can enter the [blood stream](#), where it targets the [motor neurons](#) of the spinal cord. Depending on the severity of the infection, the disease can cause paralysis of the limbs and respiratory muscles, which can lead to further complications or death. For those who survive the acute phase, the rehabilitation process is lengthy and some are left with lasting paralysis

and health complications.

After over 50 years of debate, medical researchers have shown that polio provocation can occur in certain circumstances. Although the current danger of contracting the disease through this route is likely to be slight, health professionals need to consider safeguards to reduce the risks even further. *"Worldwide uptake of the polio vaccine is important since only through building herd immunity can the disease be eradicated. Research indicates that people who are not immunised against the disease and are living in polio endemic regions may face the risk of polio provocation,"* said Dr Mawdsley.

"Awareness of this risk informs health policy today. Increasingly, health professionals are considering the importance of immunisation sequence (the order in which injections against childhood diseases are given), the type of vaccine to use, and the age at which children should be immunised. We will never know precisely how many people were exposed to polio provocation in the past, or how many contracted polio by this route, as there is no reference point from which we might measure a correlation."

Dr Mawdsley's research, based on records from the March of Dimes Archives in New York and historical medical journals, shows how successive generations of public health officials and policy makers made decisions with far-reaching consequences for the population. These professionals were obliged to debate whether polio provocation existed, and decide how best to balance the risks to individuals against the benefits of herd immunity, at a time when the mechanism behind the theory had yet to be understood.

Polio, which was first identified in the 19th century, was (and still is) a feared disease: haunting images of polio survivors with withered limbs or children housed in respirators (iron lungs) serve as potent reminders of the suffering caused and underline the importance of polio vaccination. In the US, outbreaks often peaked in the summer and children were particularly vulnerable. One Minnesota physician remembered the 1948 epidemic: *"The people of Minneapolis were so frightened that there was nobody in the restaurants. There was practically no traffic, the stores were empty. It just was considered a feat of bravado almost to go out*

Polio Provocation (Cont'd)

and mingle in the public."

The first vaccine against polio, developed by Dr Jonas Salk at the University of Pittsburgh, was field tested in 1954 and subsequently licensed for use in mass immunisation programmes by April 1955. Polio incidence in the US and other developed countries plummeted from that time and polio was slowly eradicated from the list of life-threatening children's illnesses. Immunisation offered protection and the debate about polio provocation slipped from public consciousness.

While parents in developed countries no longer fear polio, the disease remains a threat in some developing countries – such as Afghanistan, Pakistan and parts of Africa. Growing concerns raised by major aid organisations prompted a team at the State University of New York to unravel the mechanism behind polio provocation. In 1998 scientists Drs Matthias Gromeier and Eckard Wimmer were able to show that tissue injury caused by certain injections gives the polio virus easy access to nerve channels, thereby increasing its ability to cause paralysis.

"In the light of this discovery it is fascinating to look at how polio provocation, which some experts contested simply did not exist, migrated from being a theory to a clinical model – and trace its history and the waves of debate about it, both in the US and beyond," said Dr Mawdsley. *"At various junctures during the 20th century, health professionals were divided in opinion, which meant that it was difficult to establish a coherent public health policy. Medical scientists were also frustrated by the difficulties this debate posed to anyone conducting field trials using injections."*

One of the first procedures to be implicated as provoking polio was tonsil surgery. In 1910, doctors observed that children who underwent throat surgery during a polio epidemic faced an elevated risk of contracting polio within seven to 14 days of the operation. Supporters of the polio provocation theory warned fellow clinicians that operations to the nose and throat should not be performed during epidemics when the risk of contagion was highest. Medical opinion, however, remained split: while the US Army and some leading public health officials advised against tonsil and adenoid operations during polio outbreaks, other health professionals

continued to assure clinicians that the danger was minimal.

Anxiety about the hypothesis peaked in 1950 when a rise in tonsillectomy operations coincided with a spike in the diagnosis of polio. Once again, although clinical evidence suggested that tonsillectomies appeared to treble the risk of children contracting polio, not all doctors agreed – though many heeded the advice to postpone procedures until the summer polio season was over. In the absence of a consensus, doctors made decisions on a case-by-case basis.

Shifts in notions about the causes of polio outbreaks – which was first considered to be an infection spread by immigrants or poor hygiene, and later as an affliction targeting prosperous, active people – were accompanied by changing theories about the possible causes of polio [provocation](#).

Along with tonsillectomy, implicated at different times were injections of a wide range of drugs and paediatric immunisations. By 1952, leading medical and health organisations in the US agreed that injections against common infectious diseases such as [diphtheria](#), [whooping cough](#) and tetanus should be postponed during periods of high polio incidence, while other injections such as vitamins and hormones were thought to be safe.

"The decision to reform public health policy in the US was handled differently in various areas, but appears to have been taken with great care, since it was clear that withholding certain immunisations would jeopardise herd immunity," said Dr Mawdsley. *"Delaying injections until after [polio](#) epidemics subsided was an expedient means to achieve a compromise."* ●



New Threat to Polio Eradication

The disease's last outposts are proving resilient

by [Helen Branswell](#)

Source: [Salon](#) - Monday 12 August 2013

This article was originally published by [Scientific American](#)

Global eradication of polio has been the ultimate game of Whack-a-Mole for the past decade; when it seems the virus has been beaten into submission in a final refuge, up it pops in a new region. Now, as vanquishing polio worldwide appears again within reach, another insidious threat may be in store from infection sources hidden in plain view.

Polio's latest redoubts are 'chronic excreters', people with compromised immune systems who, having swallowed weakened polioviruses in an oral vaccine as children, generate and shed live viruses from their intestines and upper respiratory tracts for years. Healthy children react to the vaccine by developing antibodies that shut down viral replication, thus gaining immunity to infection. But chronic excreters cannot quite complete that process and instead churn out a steady supply of viruses. The oral vaccine's weakened viruses can mutate and regain wild polio's hallmark ability to paralyze the people it infects. After coming into wider awareness in the mid-1990s, the condition shocked researchers.

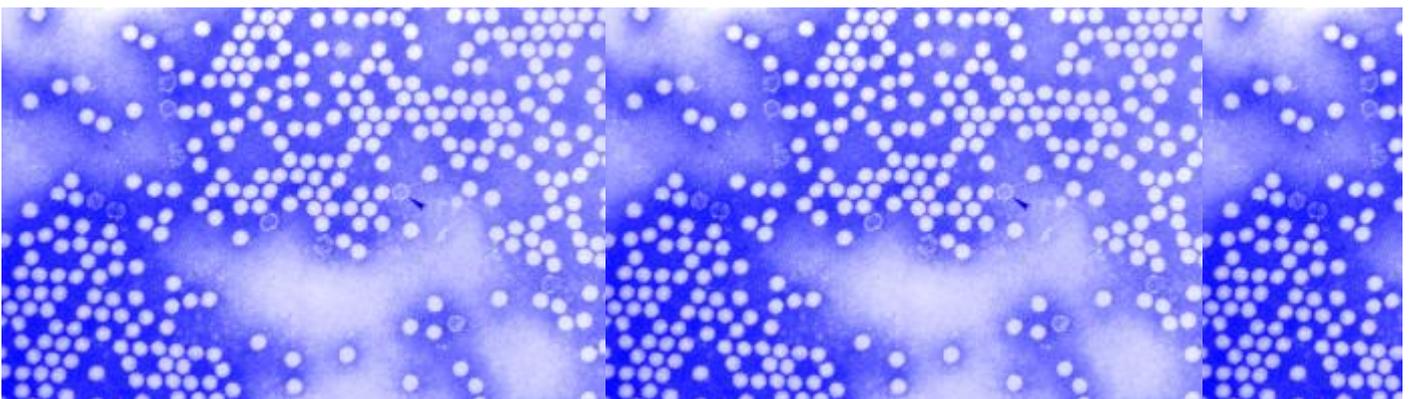
Philip Minor, deputy director of the U.K.'s National Institute for Biological Standards and Control, describes the biomedical nightmare: Wild polioviruses stop circulating. Countries cut back on vaccination efforts. A chronic excreter kisses an unvaccinated baby, and the baby goes to day care. "And zappo," he adds, "it's all over

the place, with babies drooling all over each other. So you could see a scenario where polio would come back from a developed country."

It could happen in the developing world as well. Although it was once thought that immunocompromised individuals could not survive for long in lower-income countries, circumstances are changing as those countries improve their health care systems. In 2009 an immunodeficient 11-year-old Indian boy was paralyzed by polio, five years after swallowing a dose of oral vaccine. It was only then that researchers recognized him as a chronic excreter.

Chronic excreters are generally only discovered when they develop polio after years of surreptitiously spreading the virus. Thankfully, such cases are rare. According to Roland W. Sutter, the World Health Organization scientist who heads research policy for the Global Polio Eradication Initiative, the initiative is pushing for the development of drugs that could turn off vaccine virus shedding. A few promising options are in the pipeline.

Drugs can only solve the problem if chronic excreters are identified, and that's no easy task. For years scientists in Finland, Estonia and Israel monitored city sewers, watching for signs of shedders' presence. In many samples, they have found the telltale viruses from chronic excreters, but they have failed to locate any of the individuals. These stealthy shedders may not be classic immunodeficient patients traceable through visits to immunologists. Instead they may be people who do not know they have an immunity problem at all and are under no specialized medical care. "We know that there's really a Damocles sword hanging over them," Sutter says. It hangs over the rest of us as well. 🌟



To Keep Polio at Bay

Israel Revaccinates A Million Kids by [Jason Beaubien](#)

Source: [NPR](#) – 2 September 2013

In early August, Israel launched a mass campaign to vaccinate children against polio, including this little girl at a clinic in Rahat.

Israel is in the midst of a massive, emergency immunization drive of all children under the age of 9 against polio.

Why?

Health workers detected the virus in southern Israel in February. Since then, they've found it in 85 different sewage samples across the country, the [Global Polio Eradication Initiative](#) said Wednesday. Yet so far, no children have gotten sick or been paralyzed by the virus.

Israel has one of the highest rates of [polio](#) immunization coverage in the world, says Chris Maher of the World Health Organization. And that's one reason why the country has avoided polio cases, so far. But health officials are still very concerned about the situation.

The vaccination campaign aims to give polio boosters to a million children.

"There's no way that 100 percent of the population can be immune at any given time," Maher says. *"So any time that virus is circulating [in the environment], if there's a person who's not immune, there's a risk that that person is going to get clinical polio. They're going to get infected, and they're going to get sick."*

Israel's last polio case was reported in 1988, and the WHO declared the country polio-free in 1992. The fact that the virus is being found across a wide geographic area in Israel shows that it has re-established a foothold in the country, Maher says, and that it's reproducing in the community.

"The situation in Israel is a significant one because it represents an area of circulation in a world that really doesn't have very much polio anymore," he says.

Last year there were only 223 recorded polio cases on the planet. And they were in remote areas around Nigeria, Afghanistan and Pakistan. This year there have been 214 cases [reported](#), so far, with 128 of them occurring in [Somalia](#) — a country that had been polio-free since 2008.



Genetic testing of the polio samples from Israel shows that the virus recently came to the Middle East from Pakistan. Exactly how it got there — by boat, plane, truck or bus — is unclear. But what is known is that the virus can [travel](#) inside someone's intestines without making that person sick and then escape into a new environment.

There's concern that the virus circulating in Israel may spill out of the country, says Emory University's [Dr. Walt Orenstein](#), who has worked extensively on polio. *"There's enough virus circulating [in Israel] that it could get out of that area in to other countries,"* Orenstein says.

To ensure the entire community is protected against polio, Israel has started using the oral vaccine, instead of the injectable one. The oral vaccine contains a weakened, live form of the poliovirus, which can spread through the environment and help immunize kids that don't get vaccinated.

Getting rid of polio flare-ups, like the one in Israel right now, is a crucial part of eradicating polio globally, Orenstein says. Although eradication efforts are focused on the remaining reservoirs in Nigeria, Afghanistan and Pakistan, he says, the rest of world can't let its guard down against the disease.

"We've got polio down. The issue now is to knock it out," he says. *"That will give us global security that never again will this [disease] cripple our children or our adults."* 🌟

Polio This Week

Source: [Polio Global Eradication Initiative](#) - as of Wednesday 4 September 2013

Wild Poliovirus (WPV) Cases

Total cases	Year-to-date 2013	Year-to-date 2012	Total in 2012
Globally	250	134	223
- in endemic countries	76	129	217
- in non-endemic countries	174	5	6

Case Breakdown by Country

Countries	Year-to-date 2013				Year-to-date 2012				Total in 2012	Date of most recent case
	WPV	WPV 3	W1W 3	Total	WPV 1	WPV 3	W1W 3	Total		
Pakistan	27			27	26	2	1	29	58	11-Aug-13
Afghanistan	4			4	17			17	37	23-Jul-13
Nigeria	45			45	67	16		83	122	14-Aug-13
Chad					5			5	5	14-Jun-12
Ethiopia	1			1					0	10-Jul-13
Kenya	13			13					0	14-Jul-13
Somalia	160			160					0	07-Aug-13
Niger									1	15-Nov-12
Total	250	0	0	250	115	18	1	134	223	
Total in endemic countries	76	0	0	76	110	18	1	129	217	
Total outbreak	174	0	0	174	5	0	0	5	6	

Data in WHO as of 04 September 2012 for 2012 data and 03 September 2013 for 2013 data.

Somalia and Kenya Polio Outbreaks

The Global Polio Eradication Initiative has conducted a three month assessment of the responses to the Somalia and Kenya polio outbreaks, which concluded that the response was rapid and aggressive, with strong national leadership and international coordination.

In both countries, there is a significant risk that the outbreak will extend beyond six months. However, there are indications that the response activities to date are having an impact: fewer cases are being reported in the area considered the 'engine' of the outbreak – the Banadir region of Somalia, which includes Mogadishu. Concrete recommendations were made to ensure that the outbreak is stopped rapidly. 🟡