



Volume 3, Issue 4



Polio Oz News

December 2013 – Summer Edition

Kew Rotary 'Sizzles' for Polio Australia

by Mary-ann Liethof
Editor

Polio Australia has been actively working on building relations with Rotary International over the past 18 months, and we are very fortunate to have a champion in Jill Forsyth from the [Rotary Club of Kew](#) - the Melbourne suburb where Polio Australia has its office.

On Sunday 22nd December, Polio Australia volunteers, Jill Burn, Therese Graham, Bruce Livett, and Brian Reilly were delighted to join forces with Jill and her fellow Rotarians, Roger Fasken, Graeme Sheahan, Mike McFarlane, Peter Coates, and Michael Stillwell, for a Bunnings Sausage Sizzle fundraiser.

I was very impressed with the machine-like efforts of our Rotarian volunteers, who



cooked and served around 700 sausages and 30 kgs of onions throughout the day - virtually non-stop!

The net takings at the end of the day amounted to \$1,091.50, and there was \$46.10 worth of change in the 'charity box' as well!

And not a bad little earner - although I do feel we thoroughly earned it! I don't

know how the polio volunteers went, but I was totally shattered at the end of the day!

On behalf of the post polio community, THANK YOU Kew Rotary, for this wonderful Christmas present in support of Polio Australia's work. What a team we all made - and we look forward to seeing it continue in 2014! 🌟



Bruce Livett & Graeme Sheahan



Jill Forsyth & Jill Burn



Therese Graham & the Cooks

National Patron: Dr John Tierney, PhD, OAM

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From the President

Dr John Tierney
President

Polio Australia continues to achieve great things with very few resources. Behind the scenes Gillian and Mary-ann's work continues on a daily basis to advance our vital work in support of Australia's 400,000 polio survivors and the three of us have worked as a great team in managing the day to day program of Polio Australia.

Even though so much time is given freely for Polio Australia, to be effective in the long term its programs and staff need a much more secure financial base. The year 2013 marks the third and final year of *The Balnaves Foundation* funding. I wish to publically acknowledge our thanks to the Foundation for providing funding over this period, which supported Polio Australia's staffing. Now that this is finished, we need to redouble our efforts to raise additional funds for more staff to support Mary-ann as she

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From the Editor

Mary-ann Liethof
Editor

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Phew! What a year!! I am finishing up this much overdue edition of *Polio Oz News* on the Eve of Christmas, and I am *really* looking forward to a break.

I was very pleased to have been offered another 3 year contract at Polio Australia's AGM in early December. This follows the expiration of a 3 year grant from the Balnaves Foundation - which has been paying my salary - so I am now anticipating many more sausage sizzles in 2014 to support my ongoing tenure!

I believe Polio Australia has achieved incredible things over the past year, much of which can be seen in our [Annual Report](#). And although I am *still* the only fulltime, paid employee, my close working relationships with Gillian Thomas (Vice President, Business Manager, and

Web Master), and John Tierney (President and Government Lobbyist), have kept me relatively sane. My regular volunteers, Jill Pickering and Brian Reilly, add to a number of other people in the community who do everything they can to support Polio Australia's work. We seriously couldn't achieve our goals without all your efforts!

So as one year ends and a new one begins, I wish for: health and effective self management for all our polio survivors; financial stability for our government so Polio Australia can secure some funding; and world peace to stop the spread of polio! Is that too much to ask? 🌟

Wishing you the
gifts of the season...
peace, joy, hope.

- Anon

From the President (Cont'd)

continues to implement our Strategic Plan.

The "Walk with Me" campaign started in late 2012 in a small way but has now really become a very promising source of funding in 2013 and in 2014 we would like to see all states holding this event.

Also in 2012 we started the Polio Australia Patron's Circle, which now has a number of members who have donated in excess of \$10,000 dollars each to our cause.

Increasingly with fund raising we will be building on the promising start that we have made in developing grassroots contacts with Rotary clubs at the local level. Our consultant Glenn is also exploring ways of working with Rotary at a higher level to rekindle the relationship that existed when Rotary started the *Crippled Children's Associations* in the 1920's. A joint Steering Committee of four Rotary Governors and three of us from Polio Australia has been set up to explore the establishment of a foundation to support our work with polio survivors.

We recently returned to Canberra to lobby nine key Members and Senators and remind the new Federal Government that "We're Still Here!". With our campaign lobbying efforts in Canberra,

sixty-one MPs have joined our *Parliamentary Friends of Polio Survivors* group, or agreed to see us, or come along to one of our events or spoken in the Parliament about the needs of Australia's 400,000 polio survivors. We are ably supported in this lobbying by our five Parliamentary Patrons who have been chosen across Party lines. In this work we are still making great progress in raising the profile of both Polio Australia and this country's many tens of thousands of polio survivors.

Unfortunately this has not led to a direct funding commitment from Government, but with a change of Government our chances are now better because over the last two years we targeted the key decision makers in our area with the then Opposition and many of those MPs now hold ministerial and other key parliamentary positions in our policy area.

Best wishes for the Festive Season. 🌟

John

Dr John Tierney OAM
President and National Patron
Polio Australia

Polio Australia's AGM

Polio Australia held its 5th Annual General Meeting and Planning Forum in Sydney on 5/6 December 2013. Visit [this page](#) to read our 2012-2013 Annual Report.

All State Polio Network representatives attended the AGM and we were joined over the course of the two days by a number of guest presenters and other participants (*some of whom are pictured below with the Management Committee*). 🌟



Standing (L to R):

Brian Reilly (guest presenter), Tessa Jupp (WA), Peter Wierenga (SA), Arthur Dobson (Tas), Billie Thow (Tas), John Mayo (Qld), Brett Howard (SA), Jega (guest presenter), Jenny Jones (WA), John Tierney (NSW)

Seated (L to R):

Jill Pickering (Post Polio Vic), Bev Watson (Vic), Mary-ann Liethof (National Program Manager), Jen Sykes (Vic), Gillian Thomas (NSW), Margaret Peel (Qld)

The Financial Year at a Glance

July 2012	Fundraising Consultant, Glenn Gardner, engaged to work on developing a 'Patrons Circle' and to work on strategies to get Rotary Clubs more connected and willing to donate to the work being done by Polio Australia.
August	Mary-ann spoke to first year students at La Trobe University's National Centre for Prosthetics and Orthotics regarding the needs of polio survivors. This provided an opportunity to recruit 2 lecturers and 6 students to (voluntarily) produce plaster casts for the <i>"Touched By Polio"</i> Art Exhibition.
September	Ability First Australia's annual fundraising activity, <i>"Walk With Me"</i> , took place on Sunday 9 September. John Tierney and Fran Henke participated in this, Polio Australia's inaugural Walk, raising a total of \$3,622 between them.
October	60 polio survivors and their supporters visited Parliament House in Canberra on Wednesday 31 st October and met with their respective MP's to discuss the three recommendations made in the House of Representatives Standing Committee on Health and Ageing's 2012 Roundtable <i>"Late Effects of Polio/Post-Polio Syndrome - Discussion Paper"</i> .
November	Availability and distribution of the <i>"Late Effects of Polio: Introduction to Clinical Practice"</i> resource module developed by GlaxoSmithKline's Medical Team as their corporate volunteer contribution. The resource was launched by The Hon Catherine King MP, (then) Parliamentary Secretary for Health and Ageing.
December	Lyn Glover, Convener of the Gold Coast Post Polio Network, spoke to Ian McNamara - 'Macca' - on his <i>"Australia All Over"</i> breakfast radio program about Polio Australia's <i>"We're Still Here!"</i> campaign. This sparked a flurry of new registrations on the Australian Polio Register.
January 2013	Polio Australia invited to make a submission to the Community Affairs Legislation Commission in relation to the National Disability Insurance Scheme (NDIS), thereby commencing an ongoing campaign to eliminate the discriminatory 65 year cut off.
February	Polio Australia invited to attend the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) NDIS Roundtable held in Adelaide to give feedback on the 65 year cut-off.
March	Polio Australia gave evidence at another NDIS public hearing in Canberra arguing against the 65 year cut off - this evidence was widely broadcast in the media. Also, the <i>"Touched by Polio"</i> Art Exhibition was launched with a fundraising auction of the 35 leg and torso artworks.
April	In collaboration with Polio SA, the fourth Polio Health and Wellness Retreat was held in Glenelg, South Australian, with 70 polio survivors and their spouses/family members attending.
May	Q&A – An Audience with Bill Gates: Polio Australia had the opportunity to be in the 900 strong audience of a special episode of the ABC TV program. Gillian Thomas was able to ask a question of Mr Gates relating to strategies to <i>"get governments to shoulder their responsibility and fund essential post-polio services"</i> .
June	Thirty seven 'Campaign Heroes' from across Australia visited Parliament House, Canberra, in a pre-election campaign to rally against the NDIS 65 year cut off. At a morning tea forum, the campaigners were addressed on the topic by Senators Mitch Fifield (Lib), Claire Moore (ALP), and Rachel Siewert (Greens).

“Understanding the Late Effects of Polio” Training

Polio Australia has been negotiating with MS Australia’s Education Department to run a pilot **training session for health professionals** at their Blackburn (Victoria) venue which will explain the Late Effects of Polio and Post-Polio Syndrome, and explore strategies that assist clients to better manage their chronic condition.

In a recent survey sent out to MS Australia’s allied health professional email list, 90% of the 67 respondents indicated that they would be interested in attending such a workshop, which Polio Australia finds very reassuring. *(See example below.)*

[Dr Stephen de Graaff](#) will provide a general introduction to the Late Effects of Polio and Post-Polio Syndrome including symptoms, diagnosis, cause, incidence, treatment options and current research; [Natasha Layton](#) (OT), and a physiotherapist (TBA) will address practical strategies used by allied health professionals to address key concerns such as managing pain and fatigue, assistive aids and technology to improve function and mobility, and help with stability and avoiding falls; [Mary-ann Liethof](#) will provide information on Polio Australia, including the support services available.

DATE/TIME: Thursday 20 February from 1.30pm to 4.30pm
COST: \$70 per person
VENUE: The Nerve Centre, 54 Railway Road, Blackburn Victoria 3134
CONTACT DETAILS: Andrea Salmon educationvic@msaustralia.org.au
BOOKINGS: <http://www.trybooking.com/EABB>

Q7 Do you believe there is a need for additional education for the LEOp and/or PPS, and would you attend such training if it was provided by Polio Australia?

Answered: 66 Skipped: 1

• Yes I believe there is a need ...



• Yes I believe there is a need ...



• No I believe there is no need...

0% 20% 40% 60% 80% 100%

World Polio Day at the Spinal Injuries Association



by Jeanette Kretschmann
Acting Coordinator - Member Networks

Queensland's polio survivors celebrated World Polio Day in October with a family tree which linked in with Polio Australia and its recent federal election campaign, when people who contracted polio told the country's political leaders, "We're still here!"

Members autographed paper leaves which were placed onto a purpose-built 'tree' to raise awareness about the need for improved services and support.

The event's guest speaker was noted rehabilitation and pain medicine specialist, Dr Wilbur Chan. Dr Chan gave an informative presentation about how the medical profession is being educated about the late effects of polio, and provided excellent feedback to the questions from members.

Member, Dr Margaret Peel, also spoke about the activities of Polio Australia in taking the fight to Canberra and about the need for services, while Spinal Allied Health Service physiotherapist, Gail Pitt, discussed available funding options.

The Association's Community Development General Manager, John Mayo (*pictured left*), also spoke at the event about the advocacy work being carried out relating to the National Disability Insurance Scheme (NDIS) and the discrimination faced by people aged over 65, who will not be covered by the scheme at this stage. ☹

Your Rights at Retirement

[Your Rights At Retirement: A guide to making decisions and navigating your entitlements in later life.](#) This booklet has been produced by the Australian Human Rights Commission to help navigate the different phases of ageing.

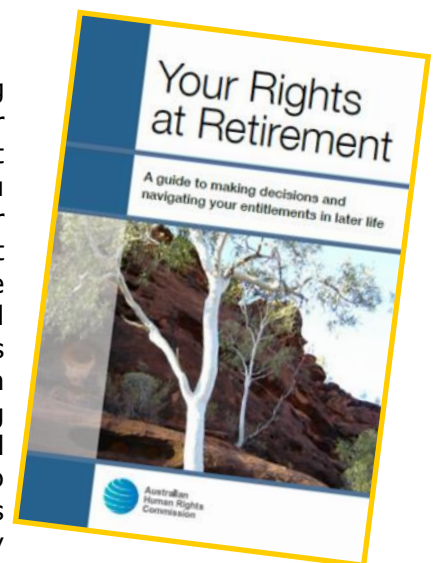
It covers topics from setting up a retirement budget through to considering options for aged care. The booklet can be used as a reference guide when you need to check a topic, or it can be read from cover to cover to get a snapshot of the services and supports on offer.

For many people it is hard to know where to start and what to plan. There is income support, health and aged care, senior's cards, financial planning, superannuation, housing and rent assistance, to name a few. And to find out about each different topic you have to contact a different government department or other service.

Your Rights at Retirement gives you plenty of information in one booklet. It aims to guide you and prompt you to think about the decisions you

should be making or planning for the future. It encourages you to plan your retirement finances so there are no unwanted surprises. It gives you information about developing internet skills and tips about how to avoid scams. It is not an authority on any one topic. Rather it is a beginning point.

Australia is lucky to have so many services and supports for older people. These help us to realise our human right to respect and dignity as we age. 🌟



Welcome to eHealth.gov.au



Every time you visit a healthcare professional, or a hospital or other medical facility, important information about your health is created and stored at that location. Currently it is hard to access and share this information with the health professionals involved with your care.

A personally controlled eHealth record is a secure online summary of your health information. You control what goes into it, and who is allowed to access it.

Once you have an eHealth record there are a range of ways you can put your record to use. These include listing medications you are taking, your known allergies and your emergency information.

Your eHealth record allows you and your doctors, hospitals and other healthcare providers to view and share your health information to provide you with the best possible care.

An eHealth record gives you more control over your health information than ever before, placing you at the centre of Australia's health

system. Want to know more? Visit the [eHealth record Learning Centre](#), look at the [frequently asked questions](#), or find out about [privacy and security](#).

You can register:

On line

<http://www.ehealth.gov.au>

In writing

Complete the following form: [Application to register for a Personally Controlled Electronic Health Record \(PDF 648 KB\)](#) Forms are available on the [Resources](#) page.

Over the phone

By calling:

1800 723 471

and select option 1 (one). Call charges apply from mobile phones.

In person

Visit a Service Centre that offers Medicare services.

To find your nearest, visit <http://humanservices.findnearest.com.au/>

Before you register in any of these ways, please make sure you have read the essential information contained in the following booklet. [Connecting your healthcare: a guide to registering for an eHealth record \(PDF 1,003 KB\)](#)

Editors Note:

eHealth is an excellent way to record the fact that you had polio and may now be experiencing its late effects!



The Christmas of 1951: A Polio Story



**Bill Peacock's 8th Birthday Party
Frankston Orthopaedic Hospital**

**by Bill Peacock,
polio survivor**

It's the 22nd of December 1951 in Australia, before immunisation and the eradication of polio. The hospital ward walls are lined with hospital beds with many young children in Double Thomas splints, plaster casts, iron callipers and bed straps, and four iron lungs at the end of the ward,

with mirrors positioned so that every kid has the opportunity to be part of the day's activity. This is a hospital on the outskirts of Melbourne and is dedicated to the care of children with polio.

It's a very hot and dry summer, and the doctors have instructed that all the polios be taken out into the sun for therapy every morning and left as long as possible. The transportation from ward to verandah and into the sun is a mammoth task, but nothing is daunting the mounting excitement as the ward is being decorated by the very dedicated nursing staff. The Christmas tree is up and seems to take up all of the spare space available. Nurses place decorations on the tree, many of which have been made by the older kids with mobility in other wards. There are coloured crepe paper boxes and cut outs, twisted and plaited streamers, and for the very top a large star with all the junior kids' names printed in haphazard scrawl. Every bed has Christmas decorations; streamers, silver bells and fake snow hang from every rafter and there are large prints of Santa Clause all around. The books and lessons from the Correspondence School have been packed away for a few weeks and the tutors have gone; it's their holiday time, what bliss! These precious free days with no physio routine.

It's a warm day, the sun is shining through the blinds as each kid is encouraged to sleep for an afternoon nap. How can sleep come when the anticipated joy of the 'Pantomime' will begin at 3pm? The visiting troupe, including Jenny Howard (Rubber Face) and some of the members of the

Tivoli Theatre are already setting up props and darting to and fro with musical instruments and costumes. There are a million excited whispers between the beds as messages are passed on and secrets shared about what the magician and the jugglers were doing. Harold Blair is quietly practicing his scales as he is going to open with Christmas Carols, which every kid will sing along with (all the practice of singing under the guidance of Sister Playford is about to take effect) in their loudest and best voices. The girls are being dressed with pink bows over the minimum clothing suitable for the Double Thomas or iron lung, and the boys in their bikini like shorts, will be having blue bow ties around their necks.

Then, before it began, it seems to be all over. Tea is being served and the nurses are preparing everyone for the long and often interrupted night ahead. The excitement just does not go away, and there are many over excited minds singing the tunes and imagining being the performers; Cinderella for the girls and the handsome prince for the boys. Even the ugly stepsisters have created a wild sense of excitement. But tomorrow it will begin again as the Salvation Army are arriving after lunch to set up a Nativity Crib and to sing carols. No one is really sure why Jesus had to be born at Christmas as it far more exciting to think of Santa Clause.

The ward has been very alive as everyone celebrated the five birthdays among the kids from the 16th of December until today. There has been so much relaxation of the strict routine of food and treatment that all the kids are sure that it should always be like this.

The 23rd dawns and as each head rises to face the day, the magic is still painting a picture around the ward, bed, baths and trips to the bathroom for those who can be bathed, bed pans and the gentle touch of the nurses as they do their rounds. None of this matters as it's Christmas and the excitement does not dim the imagination. The Salvation Army arrive at last, all in uniform and looking like an army, except they keep reminding us that they are Jesus' Army and they don't fight wars. They have trumpets and wonderful tambourines that everyone will get to play

The Christmas of 1951: A Polio Story (Cont'd)

during the afternoon.

We start with "Shall we gather by the River", then some hymns, then we progress to Christmas Carols, with loud and excited voices. The nurses all join in and are sitting on beds and chairs, feeding yummy Christmas cake and mince tarts to all the kids who cannot feed themselves. These goodies have been provided by the Salvation Army and replace the normal fare of mashed carrots, swede, stew and the never ending tapioca puddings with prunes, prunes, and more prunes (to keep everyone regular, you know!). How slow is sleep to come.

As the 24th dawns and the routine begins, there is mounting excitement of Santa's visit. But most of all, before that, a visit from "Uncle Bill", one of the Double Thomas Splint boys' uncles who, today, is every child's uncle. Uncle Bill arrives from his journey around Victoria, New South Wales, Queensland and Tasmania where he has been following the seasons shearing sheep. At last he appears with his Gladstone bag stuffed with toys; Cupie Dolls for the girls and wooden train sets for the boys, which he has collected from the many agricultural shows around Australia. Fairy floss, toffee apples, toffee, and fudge seem to appear like magic from the depth of the Gladstone bag along with stars and moons made from silver and gold paper. No one wants Uncle Bill to leave, but the nurses have other ideas and he is marched from the ward well after visiting hours have ceased.

The 25th and Christmas Day - the long night seemed to be an eternity! Christopher and Neville were not in their beds. The nurses said that during the night the Christmas Angels came and took them to Christmas Heaven, where it would be Christmas forever and that there would be no pain or suffering. Not one child did not want to join them, as it seemed such an exciting and special thing to do and to always have Christmas and Angels.

Santa was seen by every child, delivering presents under the tree. And Matron, with Santa's help, would distribute them as soon as he arrived. Santa, a jolly, chubby, man in callipers on French sticks (it took years to realise Santa, of course, did not have polio, even though we thought he did) with a loud laugh and voice, frightening many of the little ones - but only until

they realised the presents were coming. "Children! Children!" yells Matron, "Be calm and quiet.", a battle she never won as the presents were passed around by Santa with all our names being called.

The day had just begun; visiting hours had been extended for two hours, family and friends would begin arriving at 2pm and would be allowed to stay until 6pm! Everyone had a visitor. Even if the families were long distances away, there was a visitor for all, and so much fun, food and presents. To bed early and all the excitement died down, but the dreams were alive for all of the Christmases to come.

This story is dedicated to the incredible Nursing staff at all children's hospitals, and Rehabilitation Centres caring for polio patients. These dedicated and committed people became parents, carers, teachers and companions, as children with polio spent many years (up to 10 years in some cases) in wards and rehabilitation isolated from their families. 🌟



**Bill Peacock today
out and about with carer, Peter Sheehan**



Demand and Cost Exceed Predictions in NDIS Launch Sites

Source: [NDS News Update](#) - 21 November 2013

Contact: Daniel Kyriacou, Corporate Communications Manager

The average cost of individual support packages in NDIS launch sites are 30 per cent more than expected. Instead of \$34,969, they are costing \$46,290. Senator Mitch Fifield, the Federal Minister responsible for the National Disability Insurance Scheme (NDIS), revealed this in a speech to the National Press Club yesterday which NDS attended.

Minister Fifield also stated that participant plans are lagging behind targets. So far 921 people with disability have completed their NDIS support plans, well below the first-quarter target of 2208.

In contrast, 3222 people have expressed interest in becoming a participant of the NDIS across its launch sites, which is higher than the number expected.

Minister Fifield confirmed the Government's strong support for the NDIS. *"We must not leave Australians with disability wondering about whether reform of the magnitude of the NDIS will be able to stand the test of time. We need to give them certainty that the services provided to them under the NDIS will be here to stay. That is what everything I do in relation to the NDIS is about."*

He also called for the NDIS to be above politics. He will soon establish a joint parliamentary committee with representatives from across parties to help guide the Scheme.

NDS welcomes Senator Fifield's commitment that he is: *"... determined, absolutely determined, be in no doubt - to see the NDIS delivered in full."*

While the central purpose of the launch sites is to test the NDIS's design assumptions, including demand and cost, the higher-than-expected average package costs will concern the NDIA. It should be noted, however, that the figures are based on just the first quarter of the Scheme's operation. In part, they may reflect the higher support needs of people entering the Scheme early. Planners' interpretation of what's 'reasonable and necessary' is also a factor.

A full transcript of the speech can be found at <http://mitchfifield.dss.gov.au/speeches/40>

A video of the speech can be viewed at <http://www.youtube.com/watch?v=Q2wZcKcCTNE> 

Prepare for a Cheaper, Slimmer NDIS

by ABC's [Annabel Crabb](#)

Source: [The Drum](#)— 17 December 2013

Joe Hockey has given his strongest hint yet that the NDIS may be joining the NBN as a piece of national infrastructure that the Coalition wants to deliver at a lower cost, writes Annabel Crabb.

For many years now, our national budgetary documents have come across a bit like a dieter confronting a mirror. Tummies have been sucked in, lumpy bits of spending squeezed this way and that way to achieve a slimmer overall effect, and much use has been made of optimism and fiscal shapewear.

But Joe Hockey, in his first major economic statement as Treasurer, has deliberately let it all

hang out today. Every shameful kilo of excess spending, every lapse in discipline has been piled into this mid-year economic forecast in an effort to compose the most confronting "Before" photo in the nation's economic history.

Australia is now \$47 billion in deficit this year, Mr Hockey advised. This will blow out to \$123 billion over the next four years. Debt is forecast to reach \$667 billion 10 years from now, when we will still be in deficit, and living in a raddled hellscape fighting each other with sticks for rancid scraps of food.

I made the last bit up, but Mr Hockey's message is clear: "Look in the fiscal mirror, Australia. You're hideous. And getting things back under control is going to hurt."

Prepare for a Cheaper, Slimmer NDIS (Cont'd)

Exactly how much of the bingeing was Labor's and how much is the Coalition's is what will consume the parties for a good while yet, but the important thing for everyone else is what's going to be done about it, for that is the consequence for which Mr Hockey was preparing us today.

Apart from a little reassignment of trades training centres and fiddling with roads funding, there was precious little by way of new efficiencies announced in MYEFO. Mr Hockey is saving that bit for May's budget, after receiving the report from his Commission of Audit, though he warned today that Australians must recalibrate their expectations of what modern governments can and should deliver.

(This recalibration will not include any adjustment to the Government's proposed paid parental leave scheme, Mr Hockey made clear. Nor will it prompt any unscheduled review of the GST.)

Hints are everywhere in this portentous phase. Foreign Minister Julie Bishop, questioned yesterday at the announcement of her Ambassador for Women and Girls (Natasha Stott Despoja), did not even attempt to pretend that foreign aid would not come in for a significant further trim next May.

And Mr Hockey (who was joined at the lectern by backup singer and Finance Minister Mathias Cormann for questions after his speech) gave the strongest indication yet that the National Disability Insurance Scheme is in for a haircut too.

As you will recall, the establishment of the NDIS was one of the rare areas of consensus between the Gillard Government and the Abbott Opposition during the gruelling years of combative politics Australia has endured since 2010.

Until now, the Abbott Government has maintained that it will honour its commitment to construct the NDIS. But recently, some signs have emerged that change might be afoot.

The Government decided to change the name of the scheme from its new moniker - DisabilityCare - back to the National Disability Insurance Scheme. Rather more significantly, Prime Minister Tony Abbott emerged from last week's COAG meeting referring to the scheme's "launch sites" - in Barwon Heads, the Hunter and SA - as "trial sites".

And today, Senator Mathias Cormann and Treasurer Joe Hockey put it rather more baldly: Yes, they will build the National Disability Insurance Scheme. But they will deliver it "in the most cost-efficient way possible".

This is the first time - to my recollection - that a senior Coalition figure has explicitly canvassed the possibility of a cheaper NDIS. It suggests the scheme will join the NBN as a piece of national infrastructure that the Coalition wants to deliver at a lower cost.

State ministers are due to receive a report on the first three months of the NDIS tomorrow; indications so far are that costs are running in the order of 30 per cent greater than projected in the Labor plan, which was due to cost \$22 billion a year by 2020.

Mr Abbott, it is understood, favours a scheme built more rigorously along conventional insurance principles, with tighter controls on eligibility and stricter actuarial discipline on risk management.

Like all vast new schemes, it is likely to undergo many adjustments as it takes shape, and would almost certainly have done under Labor too.

It seems fairly early in the process - just months into the formation of a 10-year plan - to wade in with funding cuts before the basic questions, like whether it's helping the people it needs to help, have been answered.

But today's comments suggest that the NDIS - like the rest of the Budget - awaits a slimming regime come May. 🟡



60 Years in an Iron Lung



US polio survivor worries about new global threat

by JoNel Aleccia

Source: [NBC News](#) – 30 November 2013

It's a long way from central Oklahoma to Syria, but one of America's last iron lung survivors says she's a living reminder that an outbreak of polio anywhere in the world is a danger everywhere.

Martha Ann Lillard, now 65, has spent most of the past six decades inside an 800-pound machine that helps her breathe. News this month that at least 13 children have been paralyzed by a resurgence

of polio in Syria — where the disease had been eradicated since 1999 — filled her with sadness and dread, she told NBC News. At least four additional cases have been confirmed in the country, the World Health Organization said Tuesday.

"If my mother would have had the opportunity to give me the vaccine, she would have done that," says Lillard, who was a kindergartner in 1953 when she woke up with a sore throat that quickly progressed to something much worse — a life-threatening infection with poliovirus.

"To let somebody go through what I went through and what other children went through. What if people had to do that again? It would be just unbelievable."

U.S. health experts agree. America's last outbreak of polio was in 1979, and though risk of reintroduction of the disease is low, they say that growing pockets of unvaccinated children are raising concerns that people may have forgotten the panic over the disease that crippled Lillard — and how easily it could return.

"Scenarios for polio being reintroduced into the U.S. are easy to imagine and the disease could get a foothold if we don't maintain high vaccination rates," says Dr Greg Wallace, a team leader for the Centers for Disease Control and Prevention, where he heads the measles, mumps, rubella and polio epidemiology branch.

"Syria is a good example," he adds. *"They didn't have any cases. Then they stopped vaccinating for two or three or four years and what do you have?"*

What you have, according to the World Health Organization, is more than a dozen children permanently paralyzed in Syria, where conflict and a humanitarian crisis have interrupted inoculation efforts that provide a lifetime of protection with just a few doses of vaccine.

It's a heartbreaking setback in a battle against a disease that's on the verge of eradication worldwide, with polio still endemic in only three countries, Afghanistan, Nigeria and Pakistan, WHO says.

Infectious disease experts in Germany this month warned that Syria's outbreak could endanger Europe as tens of hundreds of refugees flee the war-torn country and settle in places that have been polio-free for decades.

That idea alarms Lillard, who is one of an estimated six to eight polio survivors in the U.S. still using iron lungs, according to Joan Headley,

60 Years in an Iron Lung (Cont'd)

executive director of Post-Polio Health International, an advocacy group.

Their numbers have dwindled steadily since 1959, when more than 1,200 people in the U.S. relied on the machines that use negative air pressure to passively move air in and out of lungs weakened or paralyzed by the virus.

Lillard says she remembers well the sheer fear her illness caused in her rural Oklahoma town.

"The night before I was paralyzed, the neighbor children ate out of the same bowl of pancake batter that I did," Lillard recalls. *"They just had to pray that nobody got it."*

The first known outbreak of polio in the U.S. was in 1894 in Vermont, but it's the epidemics in the 1950s that scarred the nation. In 1952, a record 57,628 cases of polio were reported in the U.S., and between 13,000 and 20,000 people a year were left paralyzed, records show.

Poliomyelitis is a viral infection of the spinal cord that mainly affects young children. The virus is transmitted through contaminated food and water. Most people who are infected develop no symptoms and don't even know they've got it. But in about 1 in 200 cases, the virus destroys the nerve cells that activate muscles, causing irreversible paralysis, usually in the legs. It can paralyze breathing muscles, too, sometimes causing death.

Only the vaccine developed by Dr Jonas Salk and introduced to a waiting nation on April 12, 1955 stemmed the fear and tamed the virus — but that came too late for youngsters like Lillard.

She has spent most of her life inside one of several long metal cylinders in which she's enclosed with an airtight seal, with only her neck and head sticking out of a foam collar. She has switches inside —along with a goose down comforter and nice sheets — to allow her to roll a tray-like cot in and out.

Lillard owns her iron lung, which was built in the 1940s and runs on a fan belt motor that friends help patch together with car parts when it breaks.

"It feels wonderful, actually, if you're not breathing well," says Lillard. *"When I was first put into it, it was such a relief. It makes all the difference when you're not breathing."*

Lillard taught herself with great effort to walk again and she's able to leave the respirator — but she often doesn't want to. She says she has tried the portable positive pressure ventilators that most polio survivors use. Those devices force air into the lungs, often through a tube in the throat.

But Lillard says the harsh air from those devices causes "tremendous amounts" of inflammation and worsens asthma caused by post-polio syndrome, a debilitating condition common among many polio survivors. The devices are also difficult to keep clean and could introduce life-threatening bacteria into her vulnerable system, says Lillard, who is 4-foot-9 and weighs just over 100 pounds.

"If I use the positive pressure vent, I'm not as well rested," she says. *"Some people have said I'd rather die than leave my iron lung, and it makes it sound like I'm not trying to be modern, and it's not like that at all."*

In fact, Lillard is a chatty, outgoing woman who dotes on her three beagles and lives with a housemate so the two of them can take care of each other. She keeps in touch with the world by phone and computer and says she has had to learn to endure in spite of her crippling illness.

"I ask 'Why' all the time. I don't get any answers," she says. *"After you ask so many times and you don't get answers, you just go on."*

Lillard says she knows she's an anomaly in a U.S. society that barely remembers the scourge of polio. In 2004, there were 39 people still using iron lungs, and by 2010, perhaps a dozen, experts say.

But with polio back in Syria — and in Cameroon, where it hadn't been detected since 2009, the WHO reported this week — Lillard says she wants to make sure that people never forget.

"I think the word is to get your child vaccinated," she said. *"Why would we let somebody have to go back through that again?"* 🌟

NBC News researcher Donna Mendell contributed to this story.

JoNel Aleccia is a senior health reporter with NBC News. Reach her on Twitter at @JoNel_Aleccia

Polio in 2013

WHERE ARE WE AND WHAT IS THE STRATEGIC PLAN?

by [Eddie Bollenbach](#)

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During the polio epidemics of the 1940s and 1950s, even while Salk was preparing the injectable killed virus vaccine, the goal of eradication of polio from the earth wasn't something that anyone considered possible. Getting the injectable killed virus vaccine along with the Sabin live vaccine to children in the USA, Britain, and other developed countries was the goal. And soon it proved to be a successful undertaking as virtually all schoolchildren and others were vaccinated. Now for several years we have not had a single case of polio in the developed world.

When Sabin introduced his live mutated avirulent (unable to cause polio) virus vaccine some began to think that eradication of polio could be achieved if vaccine could be made available throughout the world. The reason that the Sabin vaccine was a game changer was because of the properties of this live weakened virus. It spread throughout a population so that even unvaccinated individuals could be infected conferring immunity in them. There is a small chance that the vaccine can mutate back to a virulent strain so oral polio vaccine will eventually be withdrawn and the injectable dead vaccine can mop up the very few remaining cases in the world.

The live Sabin vaccine confers "Herd Immunity" to a population. Thus, eradication of polio from the entire world only depended on getting the Sabin vaccine to the populations of only a handful of countries. The Sabin vaccine is only 95% successful so for every 100 children vaccinated, 5 will still go unprotected. Nevertheless, coverage of 95% will lower the virus load within the population to protect all. This is Herd Immunity. In order to contract polio three situations must be present:

- Live polio virus
- A method of transmission (contact between individuals)
- Susceptible hosts (people)

So Herd Immunity should remove enough susceptible hosts to stop polio in its tracks.

With anticipated success as with smallpox before it, polio would become a vaccine rather

than a disease. The effort to exterminate polio was started in 1988, when there were hundreds of thousands of cases, now only 291 cases were reported in 2012. It seemed with this success that it would be a cakewalk to eliminate such small numbers but there have been setbacks and frustrations to get the last holdout countries safely vaccinated.

Getting some third world countries vaccinated turned out to be a difficult task for reasons discussed below. Now in 2013 we are so close to the goal that we know we will achieve it despite the barriers to that effort. The Global Polio Eradication Initiative consists of the World Health Organization, the United Nations Children's Fund (UNICEF), Rotary International, the Bill and Melinda Gates Foundation, and the Communicable Disease Center in Atlanta. These partners, working toward the eradication, have been frustrated because, as of this date, we have an outbreak in Somalia, and endemic infection in Nigeria, Afghanistan, and Pakistan. We have solved the logistical problem of keeping the vaccine refrigerated even in warm inaccessible African countries but there are political barriers to the continuing effort.

Recently in Pakistan vaccine volunteers, providing vaccine, were killed by a group of armed men. This brings to ten the polio volunteers killed in Pakistan. The Taliban have issued threats asserting that vaccine workers were spies or that they were trying to make Pakistanis sterile. The CIA in the hunt for Bin Laden used an alias of a doctor vaccinating children so now true efforts like the polio vaccine program are under Taliban attack. Even people who want to bring the vaccine to their children are afraid of being caught and killed. These incidents have suspended the UNICEF workers from vaccinating children in the north-west and in southern Pakistan. It remains uncertain when these efforts will resume. It is also dangerous to get inside Somalia where chaos rules through warlords and terrorists. Somalia has the latest outbreak of polio paralyzing more than a hundred children. In Israel there haven't been any new cases but virulent poliovirus has been recovered from sewage pointing to the potential for new infection. See more on this below.

Despite these setbacks there is a global plan for ridding the world of polio by 2018. The plan contains four objectives:

Polio in 2013 (Cont'd)

1. Poliovirus detection and interruption
2. Immune systems strengthened and oral polio vaccine withdrawn. This objective includes withdrawal of the oral polio vaccine because some new cases have been contracted from polio virus derived from weakened Sabin vaccine which had back mutated to the virulent strain.
3. Containment and Certification: This includes safe handling of virus samples at various labs around the world along with the production of polio vaccine to quickly eliminate any new infections and also as a source of new vaccine.
4. Legacy planning: This includes governance, risk assessment, mitigation of any new polio outbreaks, monitoring, oversight and contingency planning. There is more in depth information about these objectives at: www.polioeradication.org/ResourceLibrary/Strategyandwork.aspx

Some current facts about where efforts should be concentrated are:

- In Ethiopia an 18 month old infant was infected with wild polio virus. The baby came from the Somali region.
- In Israel this year, 68 samples from sewage were positive for wild polio virus though there were no infections.
- In Somalia more than 100 cases in children

occurred in 2013 as mentioned above.

- In the interior of Nigeria there are unvaccinated native peoples who will need to be vaccinated.
- In Pakistan there are endemic new cases of polio. There is concern for a larger outbreak among unvaccinated populations in areas controlled by extremists.

From polioeradication.org:

"The Somali outbreak is now forcing UNICEF, the WHO and other international agencies to dedicate vast resources to boost polio vaccination coverage throughout East Africa and parts of the Middle East. Those are resources that can't be used to attack the virus in Afghanistan, Pakistan and Nigeria - which appeared, until now, to be the last few places where polio had a foothold."

Hope has been rekindled through successful elimination of polio from India which will reinforce vaccine workers to bring available resources to the remaining hotspots. Despite the problems discussed above the organizations involved in this effort are insistent that the eradication date of 2018 will be met. Then we will have to decide whether we will keep the virus in the lab for further study or if even lab samples will be destroyed to result in extinction of the virus.

© Professor Edward P. Bollenbach

Vaccinate: Spread the Word Not the Disease

by Peter Willcocks - Dec 2013

(Co-Convenor, Bayside Polio Support Group)

Prior to vaccination we relied upon 90 to 95% of our community to have developed anti-bodies to arrest many diseases becoming an epidemic. Most infected by disease had few health problems and most were for a time healthy carriers. We now rely upon 90 to 95% of our population taking a responsible attitude to public health by maintaining their personal vaccination programs.

Prior to the introduction in 1955-56 of Salk vaccination, outbreaks of polio had intensified, and the years between major outbreaks shortened. Without a vaccine the polio outbreaks would have waxed and waned reflecting the levels of herd immunity. Children born into our 1st world gain few antibodies against disease from their mothers, nor do they gain from low level exposure to wild viruses in their fully plumbed city clean environment.

In 1952 John Miles investigated the apparent low levels of polio in the Northern Territory. From 437 specimens of serum taken from the aborigines he found that over 90% of aborigines five years old or more had neutralising antibodies (Lansing Type II poliomyelitis virus). He commented that *"at least in the Northern Territory of Australia, contact with poliomyelitis viruses is almost universal and that virtually all aborigines have developed antibodies to the Lansing virus by the age of five years."*

Much of our population has little understanding of the consequences for their families from vaccine preventable diseases as polio, measles and whooping cough. We have become complacent about vaccination. The increased outbreaks of measles: 2,030 notifications in England and Wales (Public Health England 2013), and whooping cough: 34,793 notifications in Australia for 2010 (ABS 1901-2013), are due to a low rate of herd immunity. Measles and whooping cough are both Vaccine Preventable Diseases.

Global Polio Surveillance Study

by **Paul Tinder**

Source: [Vaccine News Daily](#) - 20 November 2013

The Jeffrey Modell Foundation (JMF), a global nonprofit organization dedicated to early disease diagnosis, announced a new polio surveillance study on Monday that will focus on patients with primary immunodeficiencies (PI).

The JMF's study will concentrate on patients with PI who either received the oral polio vaccine or were exposed to it. Because patients with PI have little to no immune system, PI patients receiving OPV are unable to create an immune response and are unable to clear the intestinal vaccine virus infection. Individuals with healthy immune systems are able to excrete the live-weakened form of the virus within six to eight weeks.

PI patients can contract vaccine-derived poliovirus (VDPV), which may put them at risk of developing vaccine-associated paralytic poliomyelitis and VDPV excretion, potentially exposing the community to the virus. The surveillance of the PI patients could result in new data about vaccine-derived polioviruses throughout the world.

"We are excited to begin such a meaningful and crucial surveillance project in so many regions of the world," Vicki Modell, the co-founder of JMF, said. *"We are optimistic and hope to bring our energy, our commitment, and our compassion to this program."*

The study will include 25 different sites, including JMF centers in Tunisia, Turkey, Poland, Russia, Kuwait, Iran, Israel, India, Hong Kong, China, Mexico, Columbia, Brazil and Argentina. The JMF will work with the Bill & Melinda Gates Foundation, the Task Force for Global Health, the U.S. Centers for Disease Control and Prevention and the World Health Organization on the surveillance study. 🌐

Cameroon: First Wild Polio Cases Since 2009

by **Andrew Katz**

Source: [World Time](#) - 21 November 2013

The World Health Organization [confirmed](#) two cases of wild poliovirus type 1 in Cameroon on Thursday, marking the first human cases there since 2009.

The virus was isolated from two patients in the country's western region who had developed paralysis in October; genetic sequencing indicated the cases are linked to the strain detected in neighboring Chad in 2011. The W.H.O. said an emergency plan to tackle the outbreak, including at least three national immunization days, was being finalized and that a response would also be implemented for Chad and the war-torn Central African Republic.

Earlier this year, Cameroon reported four cases where people in the Far North region had developed paralysis due to circulating vaccine-derived poliovirus type 2, linked to Chad and detected in Nigeria and Niger.

Cameroon is considered at high risk for

reinfection due to its long, shared border with Nigeria, one of three countries where the virus remains endemic, along with Afghanistan and Pakistan. On Nov. 19, UNICEF [announced](#) that Afghanistan's southern region hadn't reported a new case of polio in a full year, but that efforts would be focused on the eastern region along the tense border with Pakistan. Of 334 worldwide cases reported so far in 2013, only nine have been in eastern Afghanistan; that figure is one-third of last year's total.

The virus' reemergence in Cameroon comes weeks after W.H.O. officials confirmed the debilitating disease had returned to Syria, which had been declared polio-free in 1999.

That strain, confirmed to have originated in Pakistan, has crippled at least a dozen children from 22 suspected cases in Deir al-Zor province. Global public health officials are concerned that Syria's civil war, especially with the entry of foreign fighters and mass movement of refugees around the region, is pushing the disease further away from eradication. 🌐

Polio Outbreak Can be Halted in its Tracks

By [Michael Smith](#), North American Correspondent, MedPage Today

Source: [MedPage Today](#) – 20 November 2013

Prompt public health measures, including a mass vaccination campaign, snuffed out an outbreak of polio in northwestern China, researchers reported. During the 2011 outbreak in the northwestern province of Xinjiang, 21 cases of acute flaccid paralysis were laboratory-confirmed as wild-type poliomyelitis, according to Wei-Zhong Yang, MD, of the Chinese Center for Disease Control and Prevention in Beijing, and colleagues.

Another 23 cases that could not be confirmed in the lab were designated as clinically compatible, the researchers reported in the Nov. 21 issue of the New England Journal of Medicine. Investigation also uncovered wild-type virus in 14 of 673 healthy contacts of patients with acute flaccid paralysis and in 13 of 491 healthy people who had no contact with cases.

The outbreak was a surprise since China has been certified polio-free since 2000, the investigators noted. But genetic analysis suggested that the virus had been imported from Pakistan, although the index case - a 16-month-old girl - belonged to a family with no history of travel outside of Xinjiang. The investigators were unable to find any direct epidemiological link to Pakistan.

The report comes in the context of increasing numbers of polio cases reported in areas previously free of the disease. *"We have three countries that are left that have never been polio-free - Nigeria in Africa and Pakistan and Afghanistan in the Middle East,"* commented William Schaffner, MD, of Vanderbilt University in Nashville. *"They're now exporters of the polio virus,"* he told MedPage Today.

The most dramatic situation, Schaffner said, is Syria, where civil war has disrupted public health and created thousands of refugees. The World Health Organization is currently reporting 13 confirmed cases in Syria, linked genetically to environmental samples found in Egypt - samples that in turn have been linked to virus circulating in Pakistan. But because of the turmoil in the Middle East, the risk of the virus continuing to spread is *"considered to be high,"* the WHO says.

While Syria gets the headlines, countries in the Horn of Africa are quietly experiencing an

outbreak that includes 180 cases in Somalia, 14 cases in Kenya, and six cases in Ethiopia, according to the WHO.

Meanwhile, Nigeria, Pakistan, and Afghanistan are reporting a combined total of 119 cases so far this year, down from the 182 the three nations had this time in 2012.

Humans are the only host for the polio virus, so it's theoretically possible to eradicate it. And indeed, the number of cases worldwide has fallen dramatically - from an estimated 400,000 in 1980 to just 334 so far this year. That's a global success story for eradication experts, but worryingly for preventive medicine specialists, that total is a third higher than the 223 cases seen in all of 2012.

"Here in the U.S., we're polio-free," Schaffner said. But that status is built on making sure that everybody gets vaccinated. *"It's terribly important,"* he said. Poliomyelitis *"doesn't need a passport,"* he said - it can be carried in the intestines and make its way into sewage and water systems.

Indeed, one of the reasons for concern in the Middle East is that environmental samples that test positive for polio are being found in several countries that - so far - are not reporting active polio. *"But if the virus has nowhere to go - if everyone is immune - outbreaks can't happen,"* Schaffner said. *"It's low immunization rates, often a consequence of political turmoil or religious beliefs, that are harbingers of more outbreaks,"* he said.

In the Middle East, preventing potential outbreaks will require vaccinating or re-vaccinating millions of people, many of them children, in countries with various levels of civil upheaval. *"It's a huge challenge,"* Schaffner said.

In the Chinese outbreak, officials did not have to contend with civil strife, but they did find that their immunization rates had been suboptimal. In a small study done before they rolled out supplementary immunization campaigns, they



Over 23 Million Children to be Vaccinated

Author: World Health Organisation

Source: [World Health Organisation](#) - 9 December 2013

The largest-ever immunization response in the Middle East is under way this week, aiming to vaccinate more than 23 million children against polio in Syria and neighbouring countries over the coming weeks.

The campaign is a crucial part of the response to an outbreak of the virus-borne disease in Syria, where 17 cases have so far been confirmed, and to the detection of the virus in environmental samples in other parts of the Middle East.

In order to stop the outbreak and prevent further spread, organizers aim to vaccinate, repeatedly over the next few months, all children under the age of 5, whether they are living at home or displaced by conflict. Depending on the area, vaccination will be offered at fixed sites at populous locations or by going from house to house. The activities are carried out by national and local health authorities supported by UNICEF, WHO, the Syrian Arab Red Crescent and other partners.

Inside Syria, the campaign aims to reach 2.2 million children, including those who live in contested areas and those who were missed in an earlier campaign. Many children in Syria remain inaccessible, particularly those trapped in sealed off areas or living in areas where conflict is ongoing.

Despite the gaps in coverage, initial information suggests that vaccine is getting to more areas of Syria than has so far been the case for health interventions delivered as part of the larger ongoing humanitarian effort. In parallel with the vaccination effort, work is going on to bolster systems for verifying coverage data in upcoming campaigns inside the war-torn country.

"All Syrian children should be protected from disease," noted Dr Ala Alwan, Regional Director, WHO Eastern Mediterranean Region. "To eradicate polio, we need to eradicate any reason for failing to reach children. We appeal to all parties of the conflict in Syria to cooperate and facilitate pauses in hostilities over the coming 6 months to allow vaccination campaigns to reach all children."

"As if children in Syria had not suffered enough, they now have to contend with yet another threat to their health and well-being," said Maria Calvis, UNICEF Regional Director for the Middle East and North Africa. "The current polio vaccination efforts are a huge undertaking by many partners, but we can only halt the spread of the virus if we reach those children who have remained out of reach."

Over the coming months, UNICEF is planning to deliver 10 million doses of polio vaccine to Syria. The first shipment of 2 million vaccines arrived in Damascus on Friday 29 November.

The total cost to UNICEF and WHO of supporting the seven-country polio response from November through April is US \$39 million, based on a strategic plan developed for the Middle East.

As of 26 November, 17 children have been paralyzed by polio in Syria: 15 of these children are in the contested governorate of Deir Ez Zour, 1 is in Aleppo and another in Douma, near Damascus. Prior to this outbreak, no polio cases have been recorded in Syria since 1999. The risk of spread to countries in the region and beyond is considered high, and health authorities from 21 countries have declared a public health emergency. Further polio immunization campaigns will be repeated across the region. In Syria, they will be carried out at monthly intervals until April 2014.

Genetically-related polioviruses, which originated in Pakistan, have also been detected in sewage samples in Egypt in December 2012, and in Israel and the West Bank and Gaza Strip earlier in 2013.

Inside Syria and for the past 2 years, immunization activities have been significantly constrained by ongoing conflict. Cold chain equipment in many districts has been lost and many mobile health teams have not been able to perform regular visits. This has led to missing out on vaccinating between 500,000–700,000 children in these areas. 🌍

Pakistanis Need to be Vaccinated to Enter India

by [Sameer Jha](#)

Source: Health.India.com - 12 December 2013

Pakistan has not fared well in the battle against polio, and as many as 72 cases have been reported this year. Keeping this in mind, the Indian High Commission has issued fresh directives for Pakistanis wishing to enter India.

'All persons – adults and children – travelling to India from Pakistan after January 30, 2014 are required to obtain Oral Polio Vaccination (OPV) at least six weeks prior to their departure to India, but not more than one year before such departure', said a press statement issued to Pakistani media. 'Travellers from Pakistan to India after January 30, 2014 are required to carry their vaccination record as evidence of polio vaccination will be requested for entry into India thereafter', the statement added.

The statement however said that Pakistan was not singled out, and the same conditions will be valid for all countries where polio was still endemic. Indian travellers travelling to and from these countries also need to get themselves vaccinated in order to fulfil the visa requirements.

Pakistan has the highest rate of polio in the world and is followed by Nigeria which reported 50 cases this year. Afghanistan, another country where polio is still endemic, reported just 9 cases this year. In comparison, India seems to have done exceptionally well in the battle against the disease with zero cases reported in 2013.



What makes Pakistan's battle against polio really difficult is that Islamic extremists believe that polio vaccinations are against the Islamic way of life and may even be a ploy by western countries to sterilise Islamic men. Also, there is a belief that these UN backed polio workers might be undercover CIA agents and they have been regularly killed on this suspicion.

On the brighter side, a decree was recently issued by Maulana Samiul Haq, saying that polio vaccinations were not un-Islamic. Pakistan only needs to look towards its neighbour, which has done really well in its battle against the disease, and hopefully in a few years there will be no polio cases reported in the country. 🌟

(Read: [Why are the polio vaccine volunteers being killed in Pakistan?](#))

Polio Outbreak Can be Halted in its Tracks (Cont'd from P 19)

found that, overall, 90.4% of participants had antibodies against polio, with geometric mean titers averaging 1:39. But among children younger than 5, the rate was between 80% and 92%, and the antibody geometric mean titers were 1:40 to 1:106 - "considered to be relatively low," the researchers wrote.

The index case was reported on July 5, 2011, Yang and colleagues wrote, and the outbreak was confirmed Aug. 26.

More than 1,000 health workers were trained in response immunization and surveillance by Aug. 31, and more than 5 million doses of trivalent oral polio vaccine had been shipped to Xinjiang

by Sept. 1, with the first vaccination under way by Sept. 8. All told, 43 million doses of vaccine were administered in five rounds of vaccination, three with the trivalent vaccine and two with a monovalent vaccine against poliomyelitis type 1. There were no new cases after Oct. 9, 2011 - a month and a half after the outbreak was confirmed, Yang and colleagues reported.

The response was "timely, precise, vigorous, and successful," Schaffner said. But the outbreak showed, Yang and colleagues concluded, that "until wild-type poliovirus transmission is interrupted globally, poliomyelitis-free countries will continue to be at risk for viral importation." 🌟

Polio This Week

Source: [Polio Global Eradication Initiative](#) - as of Wednesday 18 December 2013

Wild Poliovirus (WPV) Cases

Total cases	Year-to-date 2013	Year-to-date 2012	Total in 2012
Globally	360	214	223
- in endemic countries	136	209	217
- in non-endemic countries	224	5	6

Case Breakdown by Country

Countries	Year-to-date 2013				Year-to-date 2012				Total in 2012	Date of most recent case
	WPV1	WPV3	W1W3	Total	WPV1	WPV3	W1W3	Total		
Pakistan	75			75	53	2	1	56	58	26-Nov-13
Afghanistan	11			11	34			34	37	12-Nov-13
Nigeria	50			50	99	20		119	122	8 -Oct-13
Chad					5			5	5	14-Jun-12
Cameroon	4			4				0	0	30-Oct-13
Somalia	183			183				0	0	9-Oct-13
Syrian Arab Republic	17			17				0	0	8-Oct-13
Ethiopia	6			6				0	0	19-Sep-13
Kenya	14			14				0	0	14-Jul-13
Niger								0	1	15-Nov-12
Total	360	0	0	360	191	22	1	214	223	
Total in endemic countries	136	0	0	136	186	22	1	209	217	
Total outbreak	224	0	0	224	5	0	0	5	6	

Data in WHO as of 18 December 2012 for 2012 data and 17 December 2013 for 2013 data.

- A cross-regional emergency approach is being implemented in the Middle East.
- In Pakistan, the main reservoir area is Federally Administered Tribal Areas (FATA), in particular North Waziristan. During the 'high season' in the past four months, 52 cases of wild poliovirus have been reported from FATA, with evidence of widespread geographic transmission across the country. Areas within Pakistan are being re-infected, as is neighbouring Afghanistan, and the outbreak in the Middle East originated in Pakistan.
- The overriding operational priority for the GPEI is to ensure all children are reached during supplementary immunization activities during the 2014 'low season' for polio transmission.

2014 Polio Health and Wellness Retreat



2014 Polio Health and Wellness Retreat

Body / Mind / Spirit

New South Wales in April 2013

Expression of Interest

Polio Australia will once again be facilitating its 4 day/3 night day Polio Health and Wellness Retreat for polio survivors and their partners from Thursday 8 to Sunday 11 May, 2014 at [St Joseph's Centre for Reflective Living](#) in Baulkham Hills, New South Wales. Polio Australia held its first Retreat at this venue, which is a lovely, peaceful environment, and very conducive to sharing and learning new information.

- Interactive group sessions and one-to-one consultation opportunities with a variety of allied health professionals
- Hydrotherapy and exercise options
- Latest orthotics, aids and equipment displays
- Seated Yoga and Meditation Sessions
- Activities To Keep The Mind Active
- Creative Workshops and Singing for Health
- Massage therapy

See details of previous Retreats at www.polioaustralia.org.au / **What we do / Self Management**



Polio Australia's Health and Wellness Retreat—New South Wales

Expression of Interest only

(Registration fees for 3 nights accomm, all meals and most activities = \$350 pp double / \$400 single)

Please provide me with more information on the 2014 Polio Health & Wellness Retreat when available.

Name: _____

Address: _____

Phone/s: _____ Email: _____

Return to: Polio Health & Wellness Retreat, Polio Australia, PO Box 500, Kew East, VIC, 3102 or Email: office@polioaustralia.org.au