



Volume 4, Issue 3

Polio Oz News

October 2014 – Spring Edition

Weight Control To Major Tum

By Peter Willcocks, 2014

*Weight control to major tum,
take your protein pills and put
your wellness on . . .*

*Here am I,
bloated on the tin can
far above the gloom
manic girth is new
and there's something
that I can do.*

*Weight control to major tum,
commencing weight down,
dimensions on, check derision
and may the corporate's shove
be off you . . .*

Twenty kilograms lighter in ten months with no exercise and no extra wobbling. It began with a series of colonoscopies - great way to lose weight, flushing quickly and a great way to condition mind and body to starving. Not one to make waste of suffering, I saw potential in this fasting process.

A decade or so ago I started putting on the pudding and not run it off. For forty years of adulthood I shadowed 75 kilos. I was an obsessive - I worked and worked and worked. I walked, I cycled, I chased trams, buses and lost causes. In 2005 I was diagnosed with Post-Polio Syndrome. The five years before diagnosis were awful - I was fatigued, grumpy, in pain. I fell without warning and exercised until pain and fatigue put me to bed.

I pleaded with my good specialists that I needed help to lose weight. My weight had increased to 90 kilos. "Slow down, you've got enough to deal with right now, let's get your polio management sorted". Ten years ago I was not using sticks, bracing or powered wheels to reduce pain and increase mobility. I resisted change. I still thought I could exercise to health. In the next five years I got braced, sticked, motorised and put on more weight.

At 100kg I pleaded with another specialist who advised, "You're doing well, you are in reasonable health. You will not be able to maintain weight loss without exercise. Keep active but don't overdo it, and watch what you eat". I soon weighed 110kg and even topped 114. Soon I needed pills to stop the pumping and burning. No weight loss, just tiredness and pain. Too often we take what doctors say as advice for life - bodies change, life styles waver, don't hesitate to revisit old questions.

My gut hurt and I was bleeding. I've had four colonoscopies. That taught me how to fast, I lost 3kg with each colonoscopy prep but soon the weight was back. Um, I wonder, I knew of the 5:2 diet and searched for sound peer review and was cautiously encouraged by some papers I found. I am now



guided by the principles of the 5:2 diet; by reducing intake of calories to 600 per day for two days per week, and for five days eat well and healthily. I made major changes. I am delighted that I am healthier, 20kg lighter and I am no longer always hungry. [Click [here](#) for a comprehensive calorie counter.]

I realised that I needed measures, rewards and discipline. I record my weight Sunday night, Monday and Tuesday morning and night and Wednesday morning. Each Monday and Tuesday I try like heck to minimise daily intake to 600 calories. If I exceed 600 calories on fasting days I document my lassitude. Every Wednesday morning I have a big breakfast of 1000 plus calories to stop my body storing fats against enforced famine.

cont'd p4

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throughout Australia

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From the President



Dr John Tierney
President

"Walk with Me" was a great success in 2014 raising \$16,670 across Australia – a record! This year South Australia and Western Australia took part for the first time, doubling the number of states and increasing the number of people participating, joining in on what has become one of our top fund raising events. Elsewhere in this edition of Polio Oz News, I write about how I became the second top fundraiser for this event across the whole of the Australian *Ability First* network, raising \$9,180 dollars by applying a few 'tricks of the trade'. These are easy techniques that you can use next year when you take part in "Walk with Me". The generous \$5,000 dollar donation from Dr Ata Eshragi was a great help.

In June this year, Mary-ann and I attended and spoke at international Post-Polio Conferences in [St Louis](#), USA (Mary-ann) and in [Amsterdam](#), Europe (John and Mary-ann). Mary-ann presented on Polio Australia's world class Health and Wellness Retreats and how they improve the health literacy of the participants. I spoke about raising funds for the support of polio survivors from the community and government, with a particular focus on our lobbying efforts in Canberra with the "We're Still Here!" campaign. We plan to be at the next international conference in Stockholm in 2017, but before that we have started the preliminary planning on an Australian / Pacific International

Polio Conference in Sydney in October 2016.

Polio Australia continues to widen and deepen our involvement with Rotary with the aim of developing a partnership with this organisation which will assist Australians with the Late Effects of Polio. I have now spoken to fourteen [Rotary clubs](#) in the Hunter / Central Coast region and have another seven talks scheduled in the city of Newcastle, around Polio Awareness month. Recently the two Rotary Districts that cover the entire City of Sydney (9675 and 9685) have agreed to take on the support of Polio Australia as a project from 2014 until 2016. We have set up a joint Rotary / Polio Australia steering committee with the purpose of establishing a "Polio Survivors Fund" which we hope to launch around Easter 2015.

Finally, this month of October is Polio Awareness month and we plan to descend on the Federal Parliament en masse on the 29th October, with our ["We're Still Here!" campaign](#). Whilst at Parliament, we will: lobby our local politicians; meet with key health and disability decision makers at the start of preparations for the 2015 Federal Budget; and meet with the Parliamentary Friends of Polio Survivors to launch our latest clinical practice module, "The Late Effects of Polio: Managing Muscles and Mobility". Ahead of this day, in Polio Awareness Month, a number of us will be speaking in the media about the needs of polio survivors and the urgency for the provision of government funding for our LEO self-management programs.

John

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From the Editor



Mary-ann Liethof
Editor

For anyone keeping note of such things, you may have noticed that this 'Spring' edition is one month overdue. You may also notice a few subtle style changes insofar as the colour and font is concerned. Or maybe not . . . However, we are pretty pleased with a fresher look that also incorporates our logo, designed by our new Health Education

and Public Relations Consultant, [Kristy Rackham](#). It's wonderful to have another pair of hands on deck - once again, only made possible thanks to private donations. The lateness is due to us working hard on finalising our new clinical practice module "*The Late Effects of Polio: Managing Muscles and Mobility*", which we anticipate being a 'go to' resource for health professionals working with post-polio clients. After its launch at Parliament House on the 29th of October, there will be a limited number of hard copies for sale, and we also plan on uploading it to a new website we are constructing for health professionals: www.poliohealth.org.au. So, watch this space!

As always, there has been a lot happening in the world relating to polio and, being Polio Awareness Month, we hope to generate a few more snippets for the media as well.

This edition contains a number of interesting articles starting with the vexing issue of weight control. Peter Willcocks has shared his experience of the 5:2 Diet, which may be worth trying for some. There is also a link to the "*Social history of polio oral history project*" where you can listen online to a number of interviews on people's experience of polio. USA-based psychologist, Stephanie Machell, has written an article on Support Groups that will give you pause for thought. And I have selected an eclectic range of news items that should be of interest to most of our *Polio Oz News* readers.

As the days get longer, and the weather starts heating up for those of us in the Southern Hemisphere, I hope you take time to sit down with a cup of tea, watch the flowers bloom, and enjoy reading our latest offering! 🌻

Mary-ann Liethof

We're Still Here! 2014 Campaign

October is Polio Awareness Month and Polio Australia is, once again, asking for polio '[heroes](#)' to join us at Parliament House, Canberra on Wednesday, 29th October 2014, for Polio Awareness Month. In October 2012, 60 members of the polio community made the trip to Canberra for Polio Awareness Month - most of whom met with their local Members of Parliament to discuss the total lack of support being given to Australia's polio survivors from the federal government.

A second campaign took place in June 2013 in the lead up to the federal government election, where we were joined by 40 passionate heroes. In spite of the fact that everyone who attended was required to arrange and pay their own way, including transport, [accommodation](#) and meals, the campaign heroes all felt they had made a definite impact on the Parliamentarians.

As is the case with politics, a lot has changed since our last visit. There is a host of new parliamentarians to inform regarding the late effects of polio, and the total lack of government funding to support programs for Australia's

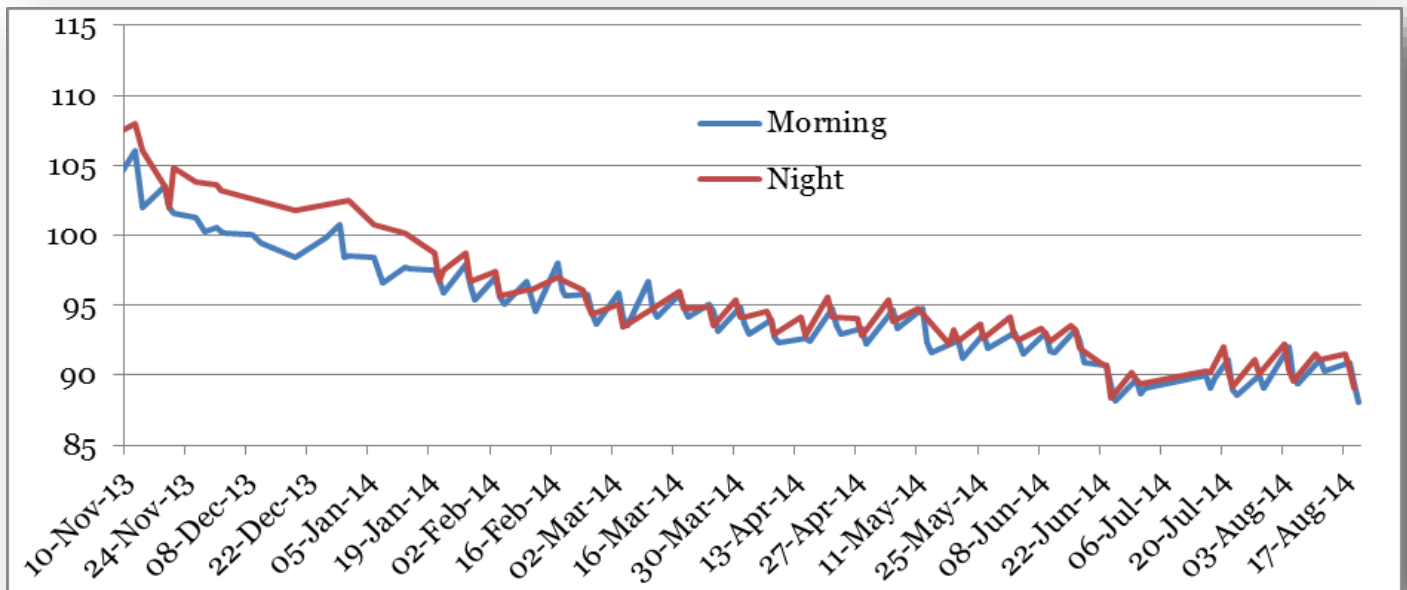
400,000 polio survivors. We also know that the NDIS will not cover people over 65 years old, and that the proposed extended roll out time for this scheme will definitely exclude most of the post-polio community. We clearly have no option but to keep fighting the good fight!

Check out the [Program](#) for the day, which includes morning tea and a complimentary buffet lunch in the Members and Guests Dining Room. We will also be launching our brand new clinical practice resource "*The Late Effects of Polio: Managing Muscles and Mobility*", focusing on physiotherapy, occupational therapy, and assistive technology - a 'must have' for all treating health professionals.

Another feature of this year's campaign will be a 'reflection' on the "[Polio Timeline](#)", which will be displayed in the morning tea venue.

So if you are willing and able to join us on the day, please contact Polio Australia on Ph: 03 9016 7678 or send us an [email](#). We would be delighted to see you in Canberra! 🌻

Weight Control to Major Tum (cont'd from P1)



Ten months later I weigh 90 kilograms. I expect that in six months I will lose another 5 to 10 kilograms. I have rescued wardrobed trousers from the 1990's and I have ideas of parading in 60's glad rags from the House of Merivale & Mr John (Melbourne).

If you consider that this diet is for you, try it (preferably without a colonoscopy), record weights, work with your GP, have blood tests and don't try too hard. It will take time to get used to the hunger of 600 calorie days but the reward is what you can eat in a day or so. You may have a short term loss of 4 kilos on fasting days but be ecstatic if you retain a loss of 100gm at week's end.

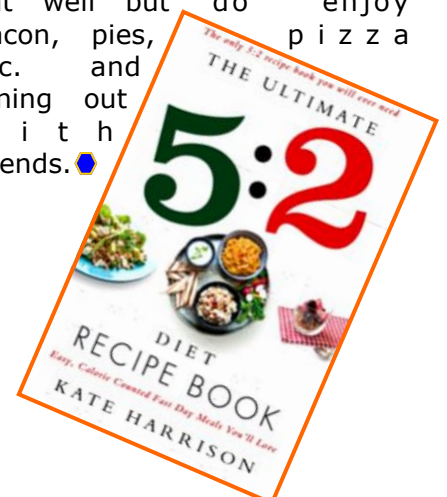
My gut is a mess from years of careless eating from supermarket shelves. My doctors called it 'western diet'. It is corporate greed that was bugging my gut. Four colonoscopies in eighteen months have removed benign polyps, patched bleeding bums and observed a suspicious something beneath the bowel lining. I am not worried about

the unmentionable 'C' as all tests proved negative and I am now healthier and better able to fight any disease than I have been for years.

I no longer add sugar. I rarely eat butter and white bread. I have reduced plate size. My dodgy knee hurts less. I need fewer pain pills. I have just

convinced my GP to reduce the dosage of blood pressure pills. But best of all I rarely visit supermarkets. I eat really great food - I don't buy the cheap cuts, I eat less red meat and I have become a cheese and fruit freak. My next challenge is to munch foliage to reintroduce good bacteria to my gut and source great food that has not travelled half way around the world to reach my table.

Food of the 5:2 diet doesn't need to be awful. On fasting days I enjoy poached egg or fresh mushroom / parsley / pepper on rye, fruit or often 100g of grilled or steamed fish and salad. Other days I try to eat well but do enjoy bacon, pies, etc. and dining out with friends. pizza



Polio Awareness Month Activities

On **Sunday 19th October**, Polio Australia will be joining again with our friends from the Rotary Club of Kew to run a Sausage Sizzle fundraiser at [Bunnings Hawthorn](#).

In December 2013, the Kew Rotary Club members cooked up a storm, bringing in over \$1,000. We were also ably supported by a few volunteers from the post-polio community.

So, if you live in the vicinity, have a couple of hours to spare, and can move about in a small space, please [email Mary-ann](#) or ring her on 03 9016 7678. 🌟



On **Saturday 25th October**, Independence Australia will be holding their own Polio Day which is themed 'Taking The Plunge'. The day will be from 10:30am to 3pm at The Rocks, Williamstown Football Club,

Morris Street, Williamstown, Victoria.

They have a special day planned with presentations ranging from hydrotherapy to wills to fire safety. So, 'take the plunge', catch up with old friends, meet new ones, share your stories as you hear from speakers including polio survivors with the relevant experiences.

Cost is \$20 which includes morning tea, lunch, and a show bag. Programs and registration forms can be obtained from Georgie Stayches on 03 8600 9660 or [email](#). 🌟

World Polio Day Livestream Event



In 2013, this live global update received more than 11,000 views in one week. The final broadcast of the event is available online.

This year, you can join in and share your voice in the fight to end polio. Click [here](#) for more information.

Note: 6:30pm CST (Central Standard Time) on 24 October is 10:30am AEDT (Australian Eastern Daylight Saving Time) on 25 October. 🌟

The Social History Of Polio

The "Social history of polio oral history project" is a collection of 33 interviews conducted by Frances Rush from 13 October 2010- [ongoing]. It is located in the National Library of Australia, Oral History and Folklore collection. Five of these interviews can be listened to online.

Click [this link](#) to view the collection, then look for the "Listen online" graphic. 🌟



Polio Awareness Month: Country Conference 2014

Gungahlin Lakes Golf Club

Cnr Gundaroo and Gungahlin Drives, Nicholls, ACT



Conference Dinner (own expense): 6:30 pm Friday 17 October 2014

Program: 9:30 am to 5:00 pm Saturday 18 October 2014

Cost: \$35 – includes morning tea, a light lunch and afternoon tea

The Country Conference allows all Polio NSW members (*and others*), especially those from the ACT and south-east NSW, to find out about issues and services relevant to people with the late effects of polio. Spring is a wonderful time to visit Canberra so we look forward to seeing you there!

Speakers include:

- **Mary Durkin**, ACT Health Services Commissioner and Disability and Community Services Commissioner, ACT Human Rights Commission, will deliver the opening address.
- **Dr Geoff Speldewinde**, Head of Rehabilitation Calvary John James Hospital, Canberra, will speak about rehabilitation for people with post-polio syndrome following surgery.
- **David Halpin**, an Accredited Exercise Physiologist, will speak about his experience working with people in Ghana who have had polio, providing an insight into how it affects people's lives in this developing country. David will also provide some information about exercise DO's and DON'Ts for people with the late effects of polio.
- **Randolph Sparks**, Clinical Psychologist, will present on the psychological impact of chronic illness, including the emotions people might experience, psychological strategies that can assist in coping with these emotions, and the impact on other people such as carers and families.

There will also be presentations from:

- Health Care Consumers Association ACT
- Technical Aid to the Disabled ACT
- Independent Living Centre
- Nican, an information service on recreation, tourism, sport and the arts for people with disabilities
- Wheelies with Wings

If you would like to attend the Conference, check [this page](#) for more details and contact the [Polio NSW Office](#) as soon as possible.

How To “Walk With Me” In 2015

We can raise even more money for our work with polio survivors!

By John Tierney

“Walk with Me” was a great success in 2014 raising \$16,670 in total. Next year we will raise even more if more state networks and polio survivors sign up - and if participants adopt a few ‘tricks of the trade’.

The reason that I have raised a lot of “Walk with Me” money this year is because of the way in which I approached potential donors. So, I have outlined a few tips below.

You have the best chance with people you know really well, so draw up a series of lists under the following headings:

- your family
- personal friends
- polio survivors that you know
- family and friends of other polio survivors that you know
- work mates or fellow volunteers
- local community members that you know really well
- others?

When you have completed your list, you should talk one on one or phone them. However, if you prefer to write:

- draw up a template email / letter that will form the basis of what you sent out
- personalise the individual email / letters as much as possible and use their first name in the text

- be sure to include the email link to your donation page in your note

Also, for the ones that you ask and who don't respond, send them a ‘reminder note’ before you do the walk. You should also let them know that donations will be received up until the end of November.

Please remember to:

- just look a bit wider in your search for people who might be prepared to donate
- prepare personalised notes
- have a follow up strategy

If you do all of this, I am confident that your fundraising for “Walk with Me” in 2015 will be even more successful! 🌟

Check [News & Blogs](#) for more.



“Walk With Me” Rocky Bay, WA

What a day! Rocky Bay gardens were transformed into a family friendly fair. The band was playing, tables with colourful items to purchase, raffle prizes displayed, sausages and onions on the barbecues, cakes and slices on platters, and paint facing artists keen to transform faces into your request. A hands-on animal corner where a snake was draped around children's necks or stroked by adults, an owl, several goannas and a dingo. We had a number of walkers representing Polio Australia and Polio WA, and a table was set up by Jenny Jones and Tessa Jupp.

The walkers appeared enthusiastic and keen to complete the course and return to the gardens. Those in wheelchairs were surrounded by family and friends, there were lots of young parents pushing prams, and a large number of very well

behaved dogs on leashes, all chatting, laughing and enjoying the atmosphere. The 12 drummers, drumming summoned the participants to the starting post, and at 11.00am the walk had begun. The morning was sunny and everyone's spirits were lifted on being involved in this walk.

Only a few people were left to man some of the tables. The walkers were given water bottles on return and many bought a sausage in a bun, or a treat from the cake stall. Families were relaxing in the sun and enjoying seeing the children being entertained by a pirate, or listening to the music played by the band. The day was wrapped up by the draw of the raffle.

All in all, a most pleasant way to spend a Sunday and to raise awareness and money for Polio Australia and Polio WA. 🌟

Disabled Call In Lawyers To Access NDIS

By Jared Owens

Source: The Australian
- 18 August 2014

Australians with disabilities have begun suing the government to break into the National Disability Insurance Scheme, forcing courts and tribunals to navigate the scheme's early flaws.

Administrative Appeals Tribunal hearings have so far revealed confusion about the NDIS legislation and heard participants were given incorrect information about their entitlements.

One man with emphysema and diabetes was incorrectly told the NDIS would provide an oxygen concentrator and insulin pump, while another was given the wrong information about his avenues for appeal.

The hearings also emphasise the difficult task of weighing participants' demands against vague and subjective criteria. For instance, the tribunal judged a \$3000 classical music therapy for children with autism spectrum disorder failed the "current good practice" and "value for money" tests.

A joint parliamentary committee last month found "alarming" early signs of people losing support on the NDIS and serious service delivery problems.

Lawyers have warned the \$22.2 billion scheme risks following the example of NSW's maligned Lifetime Care and Support Scheme for survivors of car accidents, which has passed less than 3 per cent of its \$2.5bn funding pool to victims. However, the National Disability

Insurance Agency says it welcomes the tribunal's oversight as "a critical part of the learning and development process during the transition to the full scheme".

Dale Mulligan, 61, who has heart disease, an adrenal disorder and sciatica from two ruptured discs in his lower back, will in March become the first person to take an NDIS appeal to the Federal Court.

Mr Mulligan, whose case is backed by Legal Aid NSW, was refused \$1100 annual funding for a lawn mowing service because it was not satisfied his disabilities resulted in "substantially reduced functional capacity".

"My heart starts beating very rapidly and I start getting out of breath within two or three minutes of trying to start mowing the lawn", Mr Mulligan, an autism and schizophrenia support worker, told *The Australian*.

"I assumed, because I was on a disability pension with heart failure, that the NDIS would say 'Yes, sure, we'll help you out'. That's what I thought it was for. The bars that you've got to jump over are so unevenly placed it's easy to get over a couple of them but then you can't get over the others".

The tribunal affirmed the NDIS's decision to refuse Mr Mulligan but rejected the scheme's interpretation of a legal requirement that participants be "likely to require support under the NDIS for the person's lifetime".

The tribunal said: "It is not clear to us precisely what is needed in order to meet this requirement. Neither the Act

nor the rules offer any guidance, and the operational guidelines do not refer to it".

The NDIS spokeswoman said ambiguity in the law had been "clarified" by the Mulligan decision, and the agency was updating its guidelines accordingly.

The spokeswoman, asked about the Victorian man who was refused support promised to him in a preliminary interview, said it was an isolated incident and the agency was working to provide more accurate information in future. "We regret (the participant) was led to believe his requests would be met by the scheme", she said.

"These interviews occurred at a time before the Act was fully operational and the detailed legislative rules, concerning the planning process, had only just been signed into law". Further training was being undertaken to ensure participants understood their rights to seek review of NDIS decisions.

An independent review of the NDIS headed by former Centrelink chief executive Jeff Whalan in March found the scheme was affected by woefully inadequate IT systems, staff confusion, lack of direction and vague terminology. "The agency is building the plane while in flight", he reported.

Australian Lawyers Alliance president Andrew Stone last week warned the NDIS could already be "heading down the same path" as [NSW's LCSS](#).

"Let's be clear: I think the NDIS is one of the best initiatives out of the government in the past decade but we have reservations about the efficiency with which it is being delivered".

Delegates Advocate Universal Design Centre

by [Kymberly Martin](#)

Source: [freedom2live](#)
– 27 August 2014

Delegates from Australia and overseas headed to Sydney for the inaugural Australian [Universal Design Conference](#). Here are some highlights from an event that produced lively discussion and support for establishing a Centre for Universal Design in Australia.

The conference program included two keynote addresses and 28 presentations covering topics as diverse as house and home, tourism, transport, children, wellbeing and inclusive practice.

In his keynote address, Dr Gerald Craddock, chief officer at the Centre for Excellence in

Universal Design in Ireland, spoke passionately about the rights of people with disability. He said Universal Design assumes "every person will experience barriers, reduced functioning, some form of disability – temporary or permanent – at some stage in their life. And, nothing could be achieved without government, academia, industry and citizens collaborating to drive structural changes far beyond the scope that any one organisation could achieve on its own".

"Universal Design is the design and composition of an environment that can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability".



Speaking to Freedom2Live at the conclusion of the conference Craddock believes it is time for all stakeholders to come to the party. He qualifies this by advising "it is all about being transparent in what you want to do, having a clear vision of what is to be done, having the resources and getting key constituents around the table and across government departments at the highest level".

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Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 June 2014 to 31 August, 2014:

Hall of Fame

Name	Donation
Jill Pickering	\$15,000
Dr John Tierney	\$6,500
Donations in Memory of Efrosine Patista	\$1,000
	\$23,500

Significant Donations

Donation - General	
Donations in Memory of Neil von Schill, Muriel Coombe, and Keith Whitthread	
East Doncaster Women's Group	J Burn
Total - \$665.00	

Walk With Me Fundraising Events

Name	Donations - Walk With Me
Polio Power NSW Walk	\$12,345
Polio Power Vic / Post Polio Vic Walk	\$2,790
Polio Power WA Walk	\$2,790
Polio Power SA Walk	\$375
	\$16,670

Rotary & Lioness Club Donations

Name	Donations - Rotary
Rotary Club of Paterson (NSW)	\$1,000
Rotary Club of Parramatta City (NSW)	\$1,000
Rotary Club of Singleton (NSW)	\$1,000
Rotary Club of Charters Towers (Qld)	\$500
Rotary Club of North Ryde (NSW)	\$500
Rotary Club of Cessnock	\$1,000
Lioness Club of Tamworth (NSW)	\$300
Lioness Club of Dromana (Vic)	\$500
	\$5,800.00

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. Click [here](#) to see all the options. 🌐

Support Groups

By Stephanie T Machell, PsyD
stmachell@mindspring.com



Stephanie is a psychologist in independent practice and consultant to the International Rehabilitation Center for Polio (IRCP), Spaulding-Framingham Outpatient Center, Framingham, MA. She specializes in working with medical trauma, physical disability and chronic illness. Her father was a polio survivor.

The benefits of support groups are widely known. As in all support groups post-polio support groups help members overcome isolation, perhaps for the first time since they were in hospital meeting others like themselves. They can request and provide information about issues they are facing, or perhaps hear a talk by an expert. And most importantly, the support group can provide a safe place to express fears and hopes.

For most polio survivors the chance to share information and feel understood, to vent as well as to brainstorm solutions, is invaluable. Given the isolation polio survivors have experienced, being with others and speaking of shared experiences by itself can be empowering and affirming.

Because I am privileged to meet polio survivors not just from Greater Boston (Massachusetts) but from across the USA and occasionally from other countries as well, I hear about a wide range of support group experiences. Those who enjoy and look forward to attending their groups refer to the positives mentioned above. They describe group meetings as lively and interesting. Their group's rules are clear and accepted by all. Discussions aren't monopolized by one individual. There is a balance between venting about the negatives and sharing positive ways of coping. Members feel equal and power is shared.

Some of my clients have derived other benefits

from support group attendance. They have made friends with others who not only understand their limitations but share interests beyond PPS. For some, connecting with the local support group helped with the transition to a new community. For others, becoming active in the support group provided an outlet for their talents, whether for writing and editing a newsletter or for organizing meetings or databases.

For some of my clients, support groups have felt like a waste of their time. Sometimes this is due to the individual's own issues with groups or discomfort with sharing. Groups that have come to place more emphasis on venting than on positive solutions can cause attendees to leave feeling worse rather than better. And groups dominated by one or more people feel unwelcoming to newcomers.

Another problem has come up with some frequency. The polio survivor, usually someone who was once able to pass, attends a support group whose members are more, or at least more visibly, disabled. Already anxious about attending a meeting, his or her anxiety may increase when he or she is confronted with what may seem like a glimpse of a feared future. Shame or denial may be triggered and worsened if the passer feels or is questioned why he or she is even there.

I also hear about problematic support groups. Such groups have issues the members can't resolve, such as one or more members monopolizing the group, infighting, or member burnout. The problem may be a particular member who is destructive to the group's process, and possibly even to the members. It can be difficult to remove such a member, and the process of doing so may tear the group apart.

A problematic support group can return to its former greatness. Usually all that is needed is a clear structure for the group, with rules that are stated and agreed to for meetings. These rules can be shared at the start of each meeting. Rules can be made about meeting format and structure, how long and when members can speak, appropriate sharing, and what to do about problematic members. Some groups remind members that a support group isn't therapy and may maintain a resource list for those members who need that level of support. Meeting time can

cont'd p12

Support Groups *(cont'd from P11)*

be allocated for discussion (including venting), a speaker (if included), and more informal member interaction before or after the meeting.

A group that has problems members can't resolve might ask for a professional consultation. A mental health professional with expertise in group dynamics (and ideally with disability issues) could recommend or even help implement solutions. While he or she is likely to charge, it could be worth the money if it saves the group. If needed the consultant might be willing to run the group for a period of time, either pro bono or for a nominal fee.

Then there is the problem of the vanishing support group. Some groups vanish because members simply stop coming. Others vanish because someone takes on the mechanics of running the group with the best intentions only to burn out.

Support groups can also vanish because members are less able to attend due to worsening PPS and/or transportation problems. Some groups exist on paper, but no longer meet. This is frustrating for those looking to join a group, especially when contact information is out of date.

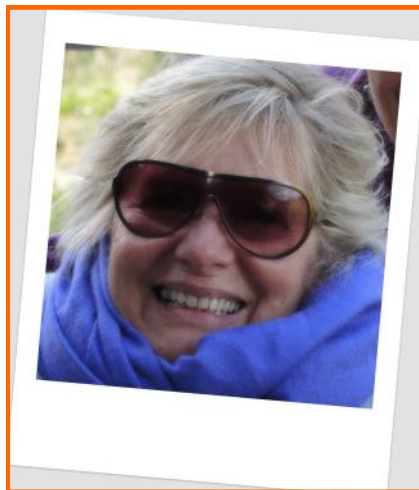
Running a support group can be a lot of work, especially for someone whose energy budget is already limited. The tendency for one person to take full responsibility for all group functions, or to have this responsibility default to him or her, can be the downfall of a group. Sharing responsibility on a rotating basis and encouraging member involvement to the extent possible can overcome this issue.

Some of my clients have wished there was a support group in their area. Anyone can start a support group. All that is

needed is a space and a meeting time. Hospitals and churches may be able to provide such space, either free or for a minimal fee. The group can be publicized in a local paper, on the PHI or other polio websites, and through any local medical providers who regularly work with polio survivors.

As polio survivors age and develop more issues, who will run support groups? Involvement of family members and other polio survivor 'allies' could help. However, it could also feel like an intrusion. Some of my clients and their families have expressed a wish for support groups for the allies alone, and/or for at least some support group meetings to include family and friends. In the future this may be one way support groups for polio survivors can continue. ●

Sunny Roller's New Blog



I just wanted to let you know that my new blog on living well with polio has just been launched. I sincerely hope that it is helpful to many people.

Let's live well and live it up! The focus of this blog is on LIFESTYLE and the art of living well as we grow into later life with the effects of polio.

Come in! Have a seat at this blogger's "kitchen table" for great conversation. Friends, family members, helping professionals – including our worldwide neighbours – all are more than welcome to join our gathering here. You are never alone. Let me pour you a virtual cup of coffee or tea. Then let's share ideas and experiences about how to feel good and make life work – right here, right now. I'm listening.

www.sunnyrollerblog.com

Sunny lives in Ann Arbor, Michigan, USA, and had polio in 1952 at the age of 4. She earned a Master's Degree in Guidance and Counseling from Central Michigan University. ●

FDR's Polio: The Steel In His Soul

By **Jeffrey Kluger**

Source: Time.com

- 12 September 2014

Disease can break a lot of people. As a new film by Ken Burns and an exclusive video clip show, it helped make Franklin Roosevelt.

No one will ever know the name of the boy scout who changed the world. Odds are even he never knew he had so great an impact on history. It's a certainty that he was carrying the poliovirus—but he may not have known that either since only one in every 200 infected people ever comes down with the paralytic disease. And it's a certainty too that he had it in late July of 1921 when he and a raucous gathering of other scouts had gathered on Bear Mountain in New York for a summer jamboree. So important was the event in the scouting world that it even attracted a visit by the former



Assistant Secretary of the Navy and 1920 Democratic Vice Presidential nominee, Franklin Roosevelt.

This much is painfully certain too: somehow, the virus that inhabited the boy found its way to the man, settling first in his mucus membranes, and later in his gut and lymph system, where it multiplied explosively, finally migrating to the anterior horn cells of his spinal cord. On

the evening of August 10, a feverish Roosevelt climbed into bed in his summer cottage on Campobello Island in Canada's Bay of Fundy. It was the last time he would ever stand unassisted again.

Watch video and read more [here](#). ●

Joni Mitchell's New Memoir

Joni Mitchell Talks Graham Nash, Polio and Estranged Daughter with New Memoir, 'In Her Own Words: Conversations with Malka Marom'

By **Ian Holubiak**

Source: classicalite.com - 5 September 2014

Toni Mitchell has had a life of strife, to say the least. A battle with polio, giving a daughter up for adoption, a series of bad marriages and incurable depression, her music provided her with solace - which she describes in her latest Q&A memoir [In Her Own Words: Conversations with Malka Marom](#).

Folk darling and staple of the late-60s 'hippie' music scene, again, Mitchell endured a lot of

hardship. Growing up in Fort Macleod in the southwest corner of the Canadian Providence, [she came down with polio](#) in 1951 - lacking support from her parents.

Mitchell was told she'd never walk again, but after praying, she somehow recovered. It was a miracle she felt she owed to some higher cause.

She was introduced to music at an early age, and at 10-years-old, she bought a \$36 ukulele, which kicked her proverbial door wide open.

Performing at coffeehouses in Calgary to make some pocket money for her childhood excursions, Mitchell formed acute connections between her life and her own life in song.

Watch videos and read full article [here](#). ●

Medication Can Raise Risk Of Falls

By Madeline Kennedy

Source: [Reuters Health Information](#) – 13 August 2014

NEW YORK (Reuters Health) Half of the 20 most commonly prescribed medications taken by older adults may raise the risk of falls, according to new research.

Painkillers and antidepressants were most strongly tied to a greater likelihood of being injured in a fall, the study of 64,000 Swedes over age 65 found. Severe injuries were significantly more common with 11 out of the 20 medications studied.

"Medications that affect the central nervous system; hypnotics, sedatives, analgesics and antidepressants", were of particular concern, said Jette Möller from the Karolinska Institute in Stockholm, the study's senior author.

Some of the added risk may stem from the conditions the drugs are prescribed to treat, researchers note. But given the large and growing population of seniors, the study team says links between the drugs and fall injuries should be taken into account when prescribing these popular medications.

Möller and her colleagues looked at falls among people taking any of the 20 medications most commonly prescribed to seniors in Sweden, several of which were already known to be fall-inducing. The researchers analyzed data on nearly seven million Swedish people over age 65 and identified 64,399 cases of falling injuries that led to hospitalization.

After adjusting for the number of medications a person was taking, the researchers found men and women taking opioid painkillers as well as men taking antidepressants were more than twice as likely to have a fall injury as seniors who were not taking those drugs. Women taking antidepressants were 75% more likely to have a fall injury.

Drugs for ulcers and GERD, calcium, vitamin B12 and some non-opioid painkillers were also linked to a 15% to 75% greater risk of fall injuries.

Estrogens and certain heart medications were not linked to fall injuries. *"None of the medications affecting the cardiovascular system have such an effect",* Möller noted. In fact, these medications showed a slightly protective effect. The only exception was diuretics given in high doses.

The study cannot prove that medications caused falls in all cases, and for drugs that have not previously been linked to fall injuries—including anticoagulants, drugs for peptic ulcers and vitamin B12—the researchers think the underlying conditions the drugs are prescribed to treat may be to blame.

Differentiating between falls caused by disorders and those caused by medications may be difficult, according to Dr. Johan Fastbom, a professor at the Aging Research Center at the Karolinska Institute who was not involved in the study.

He recommends *"paying attention to other symptoms caused by the drugs".* Among

these, he listed vertigo, dizziness, drowsiness, psychomotor impairment, muscular weakness and cognitive impairment.

Fastbom told Reuters Health in an email that if elderly people taking these medications *"experience any or several (more problematic) of these symptoms, they should consider if the risk may be greater than the benefit".*

Further studies will likely take into consideration the different dosage levels of the medications, as these were found to vary considerably and differed between men and women.

In the future, researchers will also likely consider the potential interactions between medications, including those taken over the counter, which may also cause the elderly to fall more frequently.

Although many medications may greatly improve the quality of life of elderly people, Möller thinks the risk of falling and being seriously injured must be taken into account.

"Patients should be able to make informed decisions about the medication they take. Fall injuries are a serious threat to the health and well-being of older people in their own right and this needs to be acknowledged", she told Reuters Health in an email.

The study appeared online July 31 in the European Journal of Public Health.

SOURCE: <http://bit.ly/1AbFq00>
Eur J Public Health 2014. ●

Keeping The Brain Sharp

By **Megan Brooks**

Source: Medscape Medical News/Neurology – 27 June 2014



A lifetime of intellectual enrichment helps delay onset of cognitive decline in older individuals, new data from the Mayo Clinic Study on Aging show.

In this longitudinal study, researchers found ties between higher levels of education and working in mentally stimulating jobs in early- to mid-life, as well as higher levels of mid- to late-life cognitive activity, such as using a computer, reading, and participating in social activities, and better cognition with age.

"We found that both were

helpful in delaying the onset of cognitive impairment, but the contribution of higher education/occupation was larger", Prashanthi Vemuri, PhD, from the Mayo Clinic and Foundation in Rochester, Minnesota, told Medscape Medical News.

"We also found that an individual with low education/occupation benefited more by engaging in high mid-/late-life cognitive activity than an individual with high education/occupation", Dr Vemuri noted.

The study is [published online](#) June 23 in *JAMA Neurology*. ●

Mutated Polio Virus Alert

By **Tim Sandle**

Source: [DigitalJournal.com](#)
– 27 August 2014

Bonn - Scientists are reporting alarming findings: a mutated polio virus that is able to resist vaccine protection. The virus was found in victims of an outbreak in the Congo in 2010. The full analysis has only now been revealed.

Globally, polio is considered nearly eradicated, with the number of cases limited to a few hundred each year. Despite the declining incidences, a [polio epidemic in the Congo in 2010](#) was especially serious. Here 445 people were verifiably infected, mostly young adults. The disease was fatal for 209 of them. While the outbreak in the Congo was successfully tackled — mainly through improved hygiene — what concerned scientists was the fact that most of the victims had been vaccinated against the virus.

Poliomyelitis (polio) is an acute, viral, infectious disease spread from person to person, primarily via the fecal-oral route. In around one per cent of infections, poliovirus spreads along certain nerve fiber pathways, preferentially replicating in and destroying motor neurons within the spinal cord, brain stem, or motor cortex. This leads to the development of paralytic poliomyelitis.

Researchers took polio-virus samples from the deceased and have spent several years examining the viruses more closely. The researchers have also examined the way in which the pathogen evades the immune system.

The researchers then [proceeded to examine](#) the 'new' virus against the established polio virus by using blood samples. That the virus is a new strain and one probably resistant to the global vaccine was shown

by the antibodies in the blood samples having no problem combating 'normal' polio viruses. However, the situation was different with the mutated virus; the immune reaction was much weaker.

The discovery of the mutated polio virus has given scientists cause for concern. Further data is being collected to assess whether the viral strain has occurred elsewhere in the world.

The analysis was performed by scientists working at the University of Bonn. The findings have been [published in](#) the journal *PLoS*, in a paper titled "*Robustness against serum neutralization of a poliovirus type 1 from a lethal epidemic of poliomyelitis in the Republic of Congo in 2010*".

Read more [here](#). ●

Combining Polio Vaccines Boosts Immunity

By [Natasha D Pinol](#)

Source: [AAAS News](#)
- 21 August 2014

Giving the inactivated poliovirus vaccine (IPV) to individuals who have received the live, orally administered vaccine (OPV) boosts immunity against the disease, a new study suggests.

The [results](#), published in the 22 August issue of the journal *Science*, may help resolve controversy over vaccine choice as researchers work to eliminate final poliovirus reservoirs in places like Syria and Iraq.

The use of IPV reduced how much infectious poliovirus children shed in their stools — up to 74% in some cases — and also quadrupled the levels of polio antibodies in many of the children, the researchers found.

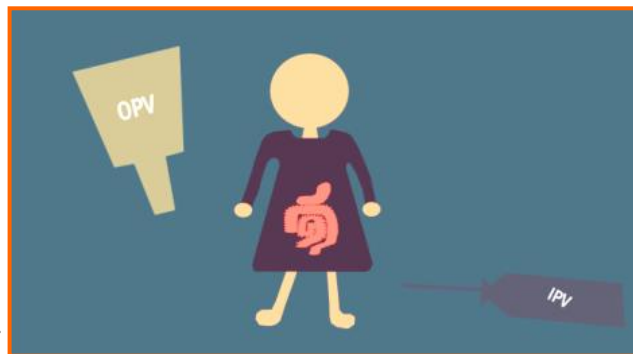
"The global eradication effort is at a critical crossroad", said Hamid Jafari, the World Health Organization's director for polio operations and research, and the lead author of the report. "Endemic polio is increasingly geographically restricted to populations in insecure and inaccessible areas. Yet the virus in these areas persists with incredible tenacity".

Two types of vaccine protect against polio, which can cause lifelong paralysis. IPV, which uses killed poliovirus strains, is administered via injection, while OPV, which uses live but weakened strains, is administered orally.

Since the development of the

polio vaccine, global efforts to eradicate the virus relied mainly on OPV; for example, it was the vaccine of choice of the Global Polio Eradication Initiative, a public-private partnership spearheaded by WHO in 1988.

"OPV has a superior ability to induce mucosal immunity, is easy to administer requiring no needles, and is substantially cheaper", said Caroline Ash, a senior editor at *Science*. Mucosal immunity, the protection offered by mucosal linings like the gut and lungs, is



needed to stop the person-to-person spread of the virus. However, despite OPV's successes the choice between OPV and IPV in places where polio lingers continues to be widely debated, in large part because mucosal immunity diminishes rapidly after OPV treatment. Thus, health providers must give several doses of the OPV vaccine, a challenge in remote areas or conflict zones like Afghanistan, Nigeria, and Pakistan.

Furthermore, individuals vaccinated with OPV may still shed polio virus in their stools, which creates risk of the virus spreading to anyone who comes in contact with the infected fecal matter.

Jafari and colleagues tested

whether use of both vaccines, instead of OPV alone, would reduce viral shedding and improve mucosal immunity. Although administering IPV after OPV is known to close certain immunity gaps, its specific effect on intestinal mucosal immunity is less well-known.

The team conducted a randomized clinical trial in nearly 1,000 infants and children in Uttar Pradesh, a state in northern India. The state's dense population, inadequate sanitation, and high incidence of diarrheal disease, among other factors, have made it difficult to eradicate polio there, Sutter said. *"Whatever results we would find here in this setting, we knew we would be able to apply everywhere else as well".*

In a 20 August teleconference, WHO researcher and co-author Bruce Aylward replied to a reporter who asked about the cost of IPV. *"Until a few years ago, the best price we could get for IPV was nearly \$3 a dose but as a result of some negotiation, UNICEF has secured a price of \$1 a dose for some countries".* Aylward noted that this is still far more expensive than OPV, which comes in at about 15 or 16 cents a dose.

"The answer is now very clear: Both vaccines complement one another", Sutter concluded. *"To attain a polio-free world in the most rapid and effective way possible, the vaccines should be used together to interrupt the final chains of virus transmission".*

Watch video and read full article [here](#). 🌐

Ukraine At Risk Of Polio Outbreak

By [John Zarocostas](#)

Source: [The Pharmaceutical Journal](#)

- 12 September 2014

WHO says Ukraine is at risk of polio outbreak as vaccine stockpiles dry up.

The Ukraine's government tender process for procurement of vaccines for 2014 has failed, says a UN agency.

"Given the large population displacement and the lowest vaccination rates in Europe, Ukraine is at high risk of communicable disease outbreaks, especially against children", says Dorit Nitzan, who heads the WHO's country office in Ukraine.

Ukraine is at risk of a polio outbreak as the war ravaged nation has run out of vaccine stockpiles for the disease, as well as for other infections, the World Health Organization (WHO) has warned.

"Ukraine does not have any vaccine in their storage. We are all worried about a polio outbreak. Before the crisis, they had lower coverage of vaccines (immunization rates), and now, they don't have any vaccines", said Nitzan.

Nitzan, a trained paediatrician, said she was concerned about a possible outbreak, and noted that Ukraine had not had any cases of polio for 30 years.

Immunisation rates for children under five years of age have been going down in recent years, and at present sit at around 50%.

Public concerns about vaccine safety go back to 2008 and are



Dorit Nitzan

related to the death of an adolescent boy, which some groups associated with the measles and rubella vaccine. However, the United Nations Children's Fund (Unicef) has noted that medical experts concluded that his death was not caused by vaccination.

The country also had no vaccine stockpiles for measles, tetanus, diphtheria, rubella, pertussis and mumps.

Unicef, the lead UN agency for vaccines, estimates that 1.5 million children under five years of age are not fully vaccinated against polio.

"Given the large population displacement and the lowest vaccination rates in Europe, Ukraine is at high risk of communicable disease outbreaks, especially against children", Nitzan said.

According to Nitzan, the government was unable to procure the vaccines alone because of a combination of factors, including procurement problems and no funds, and had asked the WHO and Unicef to procure cheaper vaccines.

"The government tender process for procurement of vaccines for 2014 in Ukraine has failed", said Unicef. It noted that regional stocks of vaccines have been exhausted, and the gap is to stretch until the end of the year.

Unicef is trying, at the request of the government, to urgently provide US\$700,000 worth of polio vaccines.

In August, the WHO appealed for US\$14m to scale up operations in Ukraine, including for vaccines, but to date, has received only US\$40,000, and relief agencies such as the European Union's ECHO have yet to respond, according to Nitzan.

Nitzan said supplies of vaccines were in the past provided by Russia.

The WHO said the crisis in eastern Ukraine *"is creating a looming health emergency"* and noted that more than 2,600 people have been killed and around 7,000 injured, and is preparing to provide essential medical supplies to an estimated 340,000 people.

Read more [here](#).

Enterovirus On The Rise In Canada

By [Tom Blackwell](#)

Source: [National Post](#)
– 3 October 2014

Polio-like muscle weakness has been reported among child patients in Ontario, Alberta and B.C.

Amid the barrage of chilling news about Ebola and its toll, another virus attracted relatively little attention recently as it coughed and sneezed its way into Canadian lives.

Enterovirus D68, however, is finally getting its moment in the spotlight. Being likened to polio will do that.

Public health officials had warned doctors earlier this fall to be on the lookout for EV-D68, a cold-like bug that was showing up in unusual numbers and causing serious respiratory complications for a small minority of young patients, some of whom have wound up on breathing machines.

Then in the past few days, hospitals began reporting an even more alarming symptom. A number of patients, some but not all of whom have actually tested positive for the virus, were experiencing polio-like paralysis or weakness in one of their limbs.

Hospitals in Toronto and Hamilton, Ontario, Edmonton, Calgary and Vancouver have all reported such cases in the past two to three days.

If the enterovirus is to blame for those symptoms, it would mark an unexpected and worrying development for a bug that has proven generally insignificant since it was

discovered five decades ago, said Edmonton's Joan Robinson, chairwoman of the Canadian Pediatric Society's infectious disease committee.

"It seems pretty clear that this virus has changed in some way, and is now causing brand-new clinical manifestations", said Dr Robinson. *"I think it's difficult not to be concerned about a virus that can cause a polio-like illness".*

Single-limb weakness in polio patients would sometimes spread to respiratory muscles, Dr Robinson noted, making it difficult to breathe and landing many patients in so-called iron lungs that did the work for them.

As frightening as reports of partial paralysis sound, it is still unclear whether EV-D68 represents a serious new viral threat, or just another part of the wave of seasonal pathogens that affects most people mildly, and an unlucky few severely.

Only some of the paralysis cases have tested positive for the enterovirus, and even when they do, that does not necessarily mean EV-D68 is the cause. Several other bugs — from West Nile to campylobacter to flu — can trigger similar symptoms, noted Dr Bryna Warshawsky of Public Health Ontario.

Indeed, a little-known federal disease-surveillance program — set up to ensure the country remains free of polio — has documented between 24 and 64 cases annually of *"acute flaccid paralysis"* in children under 15 for the past 18 years.

Enteroviruses are a group that

includes about 100 different "serotypes", including the rhinoviruses that cause the common cold, and polio. It once sickened thousands of Canadians a year, leaving many paralyzed or dead, but was declared officially eradicated here in 1994, beaten back by two of the most famous vaccines ever developed.

Enterovirus D68, discovered in 1962, causes mild, cold-like symptoms in most people infected. There have been sporadic outbreaks over the years, but most disease labs do not typically screen for it, so it may be more prevalent than test results suggest, said Dr Robinson.

Its somewhat innocuous reputation changed this year, as it began showing up in much greater numbers than usual, with a small proportion of children experiencing wheezing and serious breathing problems. Many of those have been patients who have asthma.

"We know that children are a bit more at risk [for infection] and probably for respiratory problems, because they haven't been exposed to this virus before", said Dr Warshawsky.

The law does not require reporting of EV-D68, but it appears there have been dozens of cases confirmed nationally.

British Columbia has identified four patients with the virus suffering from limb paralysis or weakness, while Alberta is investigating cases in Edmonton and Calgary, said Dr Robinson. Another four patients — one of whom has tested positive for EV-D68 — are being investigated at a hospital in Hamilton, while

Pakistan Set To Break Own Polio Record

Source: pakistantoday.com.pk
– 3 October 2014

Number of polio cases, recorded this year has reached 187 and if it reaches 200, Pakistan will cross our own record of 199 in year 2000.

Health officials on Thursday said the country was set to break its record for the highest number of polio cases in a year, as militants continue to prevent vaccination efforts.

"The number of polio cases recorded this year has reached 187 and if it reaches 200, we will cross our own record of 199 in year 2000", Rana Muhammad Safdar, a senior official at the Pakistan National Institute of Health told news agency AFP.

A senior official of the World Health Organisation (WHO) in Islamabad confirmed the new number of polio cases, adding the figure was likely to cross 200 by year-end.

Pakistan is one of only three countries in the world where polio remains endemic but

efforts to stamp it out have been badly hit in recent years by attacks on immunisation teams.

Some 59 people including health workers and police providing security have been killed in militant attacks on polio vaccination teams since December 2012.

Safdar, who also heads the federal Expanded Programme on Immunisation, said 130 of the cases reported were from the troubled tribal areas that border Afghanistan and are home to Pakistani Taliban and al Qaeda militants.

The militants allege polio vaccination is a cover for espionage or a Western-conspiracy to sterilise Muslims.

The WHO official said the Pakistani strain of the virus had spread to neighbouring Afghan provinces. Afghanistan has recorded a total of seven cases this year.

Polio cases reached a low of 28 in 2005 but rose to 198 in 2011. In 2012, Pakistan had 58

cases while 72 were recorded in 2013.

Officials have said tens of thousands of children were missing a polio eradication campaign every year *"because of the law and order situation"*, in tribal areas as well as family and parents unwilling or afraid to vaccinate.

As Pakistan moves into its post-monsoon period, officials fear the final figure could rise as high as 250.

Militant opposition to vaccination has increased after Pakistani doctor Shakil Afridi attempted to help the CIA track down former al Qaeda chief Osama bin Laden through a fake vaccine project. 🌐



Virus On The Rise In Canada (cont'd from P18)

Sick Kids in Toronto is testing three children with muscle weakness for the infection.

"It's very uncommon to see this type of neurological presentation happening in children", Dr Brandon Meaney, head of pediatric neurology at McMaster Children's Hospital, told the Hamilton Spectator.

"Every region across Canada and the United States is reporting a small but significant cluster".

And yet, such symptoms are by no means unheard of in this country. The Public Health Agency's surveillance system recorded 24 cases of acute flaccid paralysis in children under 15 last year. The numbers have fluctuated to as high as 64.

None has been triggered by polio. Most are a result of Guillaine-Barré syndrome, where the body's immune system attacks the nervous system, causing partial or total

paralysis, usually temporary, the agency says. While the cause is an open question, Guillaine-Barré appears linked to infection with certain viruses and bacteria, including the flu.

Read full article [here](#). 🌐

What Will It Take To End Polio?

By [Jeffrey Kluger](#)

Source: [Time.com](#)
– 3 October 2014

For FDR, there were abundant compensations for polio. As Ken Burns' documentary [The Roosevelts](#) makes clear, the disease deepened and grounded him. It made him a champion of children with polio—an effort that led to the March of Dimes and the later Salk and Sabin vaccines—and for that matter a champion of all people who suffered hardship. It was polio that gave Roosevelt a fuller temperament—and in turn gave the nation a fuller Roosevelt.

There are no such compensations for the handful of children around the world who still contract the crippling disease. On the same morning I was making my visit to the Roosevelt house, word came out of Pakistan that the country is on target to top 200 polio cases in 2014, its biggest caseload since 2000. Pakistan is one of only three countries in the world where polio remains endemic—the other two are Afghanistan and Nigeria, with 10 and six cases respectively so far this year—and it's the only one in which the caseloads are moving in the wrong direction.

As recently as 2005, Pakistan's case count was down to just 28, helping to push polio to the brink of eradication. That same year, however, religious leaders in northern Nigeria declared a boycott of the vaccine, claiming that it contained HIV and was intended to sterilize Muslim girls. This led to a wildfire spread of the Nigerian strain that stretched as far southeast as Indonesia.

But Nigeria got its house in order, and the hot zone now—a more challenging one—has shifted to Pakistan, particularly in the tribal areas in the north and in the mega-city of Karachi. Some of the problem is simply the crowded, unhygienic conditions in Karachi. But the bigger piece is the fighting in the tribal regions, which have made vaccinations difficult or impossible. That's been exacerbated by Taliban gunmen, who have shot and killed 59 polio field workers and police officers trying to protect them since 2012.

"It's a very sad thing", Aziz Memon, head of Rotary International's PolioPlus team, told TIME by phone from Pakistan today. "We're trying to get vaccinators on the ground and into the field despite the ban. And now rains and flooding that have broken 100-year-old records are creating more problems".

Rotary, which has been the point-organization for the eradication of polio for more than 25 years, is being assisted by the Gates Foundation, Save the Children and multiple other international groups, all working to push back against the Taliban blockade. Vaccinators routinely wait at bus stops around Pakistan, climbing aboard and looking for kids who have no vaccination records and administering the drops on the spot. Refugee camps in the war torn tribal regions provide another way of standing between the virus and the babies.

"When the virus is contained like this it's a good opportunity to step in and control it", says

Memon. "We can also take advantage of the low-transmission season, which starts soon".

The effort to snuff out polio altogether is more than merely the moral thing, it's also the practical thing. Bill Gates repeatedly stresses that \$1 billion spent per year over the next few years can save \$50 billion of the next 20 years, money that would otherwise be spent treating polio and constantly fighting the brushfire war of vaccinating against outbreaks. Eliminate the disease for good and those costs go with it. What's more, the delivery networks that are put in place to do the job can be easily repurposed to fight other diseases.

None of this long-range thinking makes a lick of difference to the 187 Pakistani children—or the 10 Afghanis or six Nigerians—who forever lost the use of their legs this year. They are paralyzed, as they will be for life. For them, there is no offsetting wealth, no townhouse with an elevator, no path to global greatness. There is only the disease—a pain FDR recognized and fought to fix. In Pakistan, that same fight is being waged today.

Read full article [here](#). ●



Polio This Week

Source: [Polio Global Eradication Initiative](#) - as of Wednesday 1 October 2014

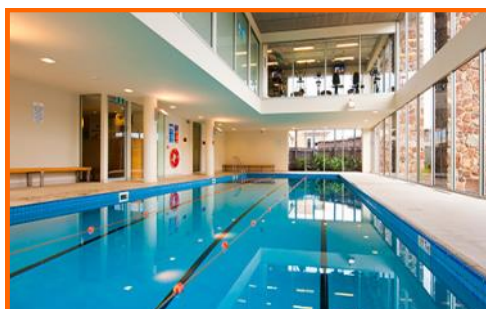
Wild Poliovirus (WPV) Cases

Total cases	Year-to-date 2014	Year-to-date 2013	Total in 2013
Globally	209	284	416
- in endemic countries	190	91	160
- in non-endemic countries	19	193	256

Case Breakdown by Country

Countries	Year-to-date 2014				Year-to-date 2013				Total in 2013	Date of most recent case
	WPV1	WPV3	W1W3	Total	WPV1	WPV3	W1W3	Total		
Pakistan	174			174	36			36	93	14-Sep-14
Afghanistan	10			10	6			6	14	01-Sep-14
Nigeria	6			6	49			49	53	24-Jul-14
Somalia	5			5	175			175	194	11-Aug-14
Equatorial Guinea	5			5				0	0	03-May-14
Iraq	2			2				0	0	07-Apr-14
Cameroon	5			5				0	4	09-Jul-14
Syria	1			1				0	35	21-Jan-14
Ethiopia	1			1	1			1	9	05-Jan-14
Kenya				0	14			14	14	14-Jul-13
Total	209	0	0	209	284	0		284	416	
Total in endemic countries	190	0	0	190	91	0		91	160	
Total out-break	19	0	0	19	193	0	0	193	256	

Data in WHO as of 01 September 2013 for 2013 data and 30 September 2014 for 2014 data.



2015 Polio Health and Wellness Retreat

Body / Mind / Spirit

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, this time from Thursday 30 April to Sunday 3 May, 2015 at the Wyndham Resort Torquay.

Boasting a spectacular location along the pristine shores of Zeally Bay Beach on Victoria's Surf Coast, the Wyndham Resort Torquay is 90 minutes from Melbourne and enjoys stunning ocean views. Torquay itself is a vibrant seaside town that is the official starting point of the magnificent Great Ocean Road. The Resort has an outdoor 'lagoon' and an indoor heated pool, and plenty to see and do in the nearby areas, making it a great holiday destination.

Polio Australia's Health and Wellness Retreats provide an opportunity to:

- renew the mind, body and spirit
- have post-polio questions answered by unhurried medical experts
- spend custom-designed days enjoying recreational activities
- learn more about how to stay strong and healthy

Retreats offer ongoing wellness approaches that promise to improve overall health and quality of life through interactive group sessions, and one-to-one consultation opportunities with a variety of allied health professionals. See details of previous Retreats [here](#). Activities might include:

- ☆ 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

Polio Australia's Health and Wellness Retreat—Victoria

Expression of Interest only

*(Registration fees for 3 nights accommodation, all meals and most activities
= approx. \$400 pp double or twin share / \$450 single)*

Please provide me with information on the 2015 Polio Health & Wellness Retreat when available.

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