



Volume 5, Issue 3

# Polio Oz News

September 2015—Spring Edition

## Body, Mind and Soul Retreat—New Zealand Style



**By Mary-ann Liethof, National Program Manager, Polio Australia**

### **Body, Mind and Soul Retreat**

Houchen House, Hamilton, New Zealand

Thursday August 06<sup>th</sup> to Sunday August 09<sup>th</sup> 2015

For the past couple of years, [Polio New Zealand](#) Board Members have been visiting Australia to check out our Retreats and to sit in on Polio Australia's 3 year Strategic Planning meeting. Well, this year, it was Dr John Tierney (President of Polio Australia) and I joining our cousins across the ditch for their first ever Health & Wellness Retreat, which they are hoping will become an annual event.

On Wednesday 5<sup>th</sup> August, John and I flew into Auckland from Sydney and Melbourne respectively, and managed to time our flights to within 10 minutes of each other. We were greeted by rain, and by the time we were able to clear Customs and collect the hire car, we were in the thick of Auckland's peak hour traffic. Who knew Auckland had so many cars?! By the time we

reached Hamilton, it was around 7.15pm and pitch black. Of course, that is 5.15pm Australian Eastern Standard Time, but the traffic and driving conditions were exhausting enough to acclimatise us instantly.

We could have booked to stay at Houchen House for the extremely reasonable cost of NZ\$45 per night per bed - 16 single rooms, and 2 twin rooms. (This was separate to the cost of the Retreat.) Call us 'soft' but we passed on this offer in favour of a hotel with ensuite bathrooms. Around 40 people have booked in to the Retreat, so all the available beds were snapped up anyway. Everybody's happy!

[Houchen Retreat House and Conference Centre](#) is set in five acres of gardens boasting native bush and lots of bird life, ten minutes' drive from the centre of Hamilton. It was promoted as being "*an ideal location to revitalize your spirit in the serenity of the spacious grounds, while enjoying the company of others who have survived polio.*"

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*National Patron: Dr John Tierney, Ph.D, DAm*

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**From the President**

*Dr John Tierney  
President*

Well it is that time of year again where, in a number of state capitals, you will have the opportunity to support Polio Australia's "Walk with Me" efforts, which will again be held under the umbrella of *Ability First Australia* and sponsored by Dick Smith. Last year for the first time Perth and Adelaide joined in and this year we plan to hold our first ever "Walk with Me" in Canberra. More information about how you can participate and/or sponsor an individual or team can be found on page 7.

The growing link between Polio Australia and Polio New Zealand continued last month when Mary-ann and I headed across the ditch to take part in their first Health and Wellness Retreat in Hamilton, just south of Auckland. In recent times a number of executive members of Polio NZ have attended our Health and Wellness Retreats and joined our 2014 AGM as observers. There were about thirty participants at the Retreat and a great bond developed over the three days. As usual, we picked up some more useful information on how to manage the LEOP condition from workshop providers. Mary-ann and I were both given a guest speaking spot at the evening dinners. Mary-ann provided an update on the Australasia-Pacific Post-Polio Conference in Sydney in September, 2016, and I spoke about Polio Australia's growing links with Rotary. This includes fund raising activities, and our

recent major breakthrough with Rotary District 9685, who are funding the delivery of ten clinical practice workshops on the LEOP for health professionals in their district (more on page 12). The most inspirational session at the Retreat was a motivational speaker, Barry de Geest, who is living with the effects of the Thalidomide drug, which his mother had been taking before he was born. This left him with no arms or legs, only two feet. Yet over fifty years Barry had managed to build several successful businesses, marry, and have children. A truly amazing man.

Following my call at the Torquay Retreat in April for more Speakers for our "We're Still Here!" program of talks at Rotary Clubs, 24 people have now signed up across most states. Sue Mackenzie from Queensland, who has spoken to many Rotary Clubs and raised a considerable amount of money for Polio Australia, has agreed to co-ordinate and mentor this group. If you would like to become a Speaker at your local Rotary Clubs, please contact Sue at [sgmackenzie@bigpond.com](mailto:sgmackenzie@bigpond.com). Apart from her great work with Rotary, congratulations are also in order for Sue's highly success fundraising event, *Fashion, Fiesta and Tapas* in Brisbane on the 9<sup>th</sup> of August (see Page 9). She raised a net of \$6,000 dollars for Polio Australia! This result is an inspiration to us all.

Considerable progress has been made with the planning for Polio Australia's *Australasia-Pacific Post-Polio Conference* in Sydney from the 20th–22nd September 2016, with more than twenty international and Australian speakers agreeing

**Cont'd p3**

## From the Editor



Mary-ann Liethof  
Editor

This is definitely a bumper edition, proving that Polio Australia has not been hibernating over our winter months. As highlighted in my article on page 1, a short trip to New Zealand was a wonderful opportunity to exchange information and 'freshen up'. It's easy to become a little insular when I spend so much time inside my own head.

There was also a quick visit to Sydney to participate in a truly inspirational meeting with Rotary District 9685 who are enthusiastically supporting a series of ten clinical practice workshops as a pilot for possible wider involvement across other Rotary Districts. More about this exciting program on page 12.

Various articles throughout this edition remind us that not all health problems relate to the late effects of polio, and to continue exploring symptoms in an informed way. Whilst we want our health practitioners to be knowledgeable about the LEOP, it's still your body.

If you haven't already heard about the 2016 Australasia-Pacific Post-Polio conference, you will

note the "Save the date" banners at the bottom of a couple of pages. Along with the amazing cast of confirmed Keynote Presenters, we have been receiving a steady stream of abstracts from eminent post-polio health specialists around the world. This conference will be a once-in-a-lifetime opportunity for Australian health practitioners and polio survivors alike to learn all about the Late Effects of Polio (LEoP) from the best the world has to offer. The [conference website](#) continues to be a work in progress but keep checking for the Preliminary Program which will be up in October-November 2015.

Although it doesn't appear in this issue, I would also encourage anyone interested in the latest clinical research being done in relation to LEoP/PPS to take a look at our [Polio Health website](#) and select 'Research'. You might be surprised what some institutes are looking into.

I'm getting this edition out a bit earlier than usual because I'm just about to head overseas for the month of September for a much anticipated holiday. When I return in October, we'll be into Polio Awareness Month, so I'm planning to participate in some serious R and R before then!

Please take your time and enjoy this read. 🌟

Mary-ann

## From the President (cont'd)

to give Keynote presentations. A jewel in the crown is the agreement by NSW Health Minister, the Hon Jillian Skinner MP, to host and speak at the Conference Gala Dinner to be held in the spectacular NSW Parliament Strangers' Dining Room. The Steering Committee continues to meet to provide guidance to this event backed by an incredible amount of work behind the scenes by Mary-ann and Gillian Thomas. The Preliminary Program will be online in November, and you can find the latest on the conference by checking out the website [www.postpolioconference.org.au](http://www.postpolioconference.org.au). Having our own international conference in Sydney is a rare opportunity and I would encourage as many Australian health practitioners and polio survivors as possible to attend. 🌟

John

John Tierney demonstrating equipment at Polio NZ's Retreat



## Retreat—New Zealand Style (cont'd)

### Thursday 6<sup>th</sup> August 2015

John and I spent a lot of the morning trying to get our bearings in Hamilton – now that we had daylight – and figure out how to get to Houchen Retreat. Street signs were a bit 'random', which added an extra layer of challenge. However, we finally figured it out and reached our destination intact and still talking to each other . . .

Registration commenced at 1.00pm and we were all given a snazzy blue backpack with a few sweet treats, interesting nick-knacks, and other bits and pieces of useful information. The person tasked with organising all this was Polio NZ Board Member, Sue Griffin, who also managed to recruit some exceptional family and friends to help out with catering.

The afternoon sessions comprised presentations by:

- [Merv Arnesen](#) who makes shoes to order. Different size feet? He will make them to size for each foot. John actually ordered a pair, which will be sent to Australia.
- Helen Skedgwell from the [Public Trust](#) on the legal aspects of ageing, Enduring Power of Attorney, and Wills.
- Grant Pearse, a local Acupuncturist with a background in rehabilitation and 4 years spent in China. I put my hand up to be a volunteer pin cushion to see if he could make any impact on my chronic neck pain. The answer is "a bit", but obviously more time was needed than was available.

Dinner was a hearty beef casserole with mashed potatoes, broccoli and carrots, with apple crumble for desert, care of Sue's sister and friends.

This has been a promising start and tomorrow kicks off with stretching and exercises at 8.30am!

### Friday 7<sup>th</sup> August 2015

Well, John and I didn't make it to the exercise and stretching including seated Tai Chi with Kathleen Paris from [Sports Waikato](#) – we blame the time lag . . .

However, we were in time for [Barry de Geest's](#) "A life less ordinary" session. Barry was a Thalidomide-baby and, now in his mid-50's, Barry reckons he's earned the right to be a 'grumpy old man'. He was both upbeat yet brutally honest about what and how things can get him down. Barry has fulfilled all the goals he set himself at

the age of 19, including driving independently, fathering a child, owning his own house(s) and starting up more than one business. He recently married, and his current business is custom built wheelchairs. Barry was definitely an inspirational speaker on goal setting and personal challenge.



After morning tea, there were two concurrent sessions:

- Resourcing Yourself - Energy Conservation and Mobility Aids. More later . . .
- Pharmaceutical Interactions with Helen Morton from the [Midlands Community Pharmacy Group](#), which is the session I went to. It's always good to be reminded of what we're putting into our body and why.

Both will be repeated on Saturday.

Following lunch, there were another two concurrent sessions to be repeated on Saturday:

- Self-expression and pain relief through painting, meditation and EFT/[tapping](#). This was led by Jill Illingsworth, an artist and psychotherapist who works with people to manage their pain. I attended this practical session, which a number of participants found helpful.
- A Bonsai demonstration was run by Melody, who has exhibited internationally.

Maggie Watson from disability service-provider '[Enable](#)' talked about the services they offer including financial support for home modifications, accessible vehicles, and aids and equipment.

The final session of the day was by an inspirational woman, Julie Hancox, who breeds and trains assistance dogs, primarily for children with autism. Her 'demo dog' was amazingly

## Retreat—New Zealand Style (cont'd)

placid and tolerant, as it needs to be for children with special needs. Check out their [Facebook](#) page.

At 7.00pm, John Tierney gave a pre-dinner presentation on Polio Australia's work with Rotary, which was well received by our NZ brethren. We hope to work on joint health education projects in time.

Dinner was catered for and consisted of soup, followed by chicken and ham (an early Christmas?), baked potato and chips (for those who couldn't decide if they wanted to be naughty or not) – crumbed seafood, and vegetables. Oh, and because we hadn't had enough sweets at morning tea, lunch, and afternoon tea, we had pavlova **and** apple crumble! Of course, the age-old dispute of where the pavlova originated came up, but as we were on NZ turf, we let them win . . .

As well as this plentiful bounty and animated conversation – which you will find whenever you put a group of polio survivors in the same room – there was a wonderful round of songs from the [Male Voices Choir](#). Think *Welsh Male Choir* in Hamilton! Very good.

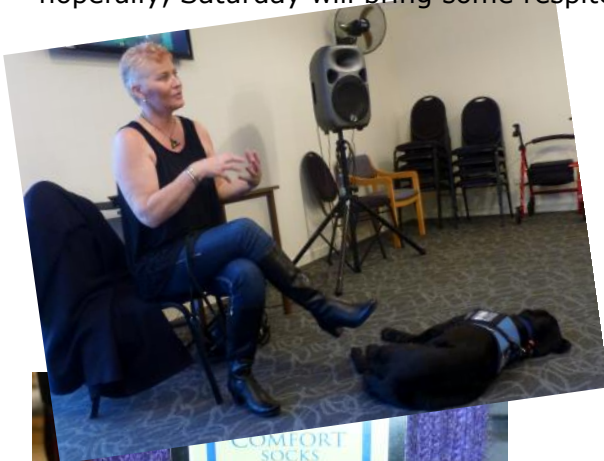
The weather has been showery all day so, hopefully, Saturday will bring some respite.

### Saturday 8<sup>th</sup> August 2015

Today we started with a session called "Applied Kinesiology" with chiropractor, Dr Michael Hooker, who spoke about functional neurology and muscle testing. He had a very willing volunteer who said she was used to being a 'guinea pig'. In terms of the practice itself, the jury is still out for me.

I then attended the repeat session of Resourcing Yourself - Energy Conservation and Mobility Aids which comprised three interrelated sessions:

- Linda Hay is a qualified physiotherapist who was demonstrating a nifty mini trampoline called the '[Health Bounce Pod](#)', which is used for exercising and building core strength for people with limited mobility.
- Tanya Booth, an experienced Clinical Needs Assessor, who has previously worked with Life Unlimited, was available to discuss various assistive technology and mobility options.
- Toni Naera from [Life Unlimited](#) had a wide range of equipment and products for both demonstration and sale. These included bathroom and kitchen aids, sticks, cushions, and a couple of small scooters. I bought a pair of non-slip socks which took my fancy, and an inflatable cushion for use on hard seats.



*Clockwise from top left:*

- Assistance Dogs
- Male Voices Choir
- Acupuncture Demo
- Possum Socks!

## Retreat—New Zealand Style (cont'd)

After lunch, John and I headed back to the hotel to deal with various business matters we needed to catch up on. However, we made it back in time to hear Parliamentarian, Barbara Stewart from NZ First, talk about health care issues and support (lack of) for polio survivors in NZ. The Board Members of Polio NZ are keen to raise awareness of the Late Effects of Polio amongst politicians and are looking into organising a group lobby visit to Parliament House on World Polio Day in October. Barbara indicated that she would help them out with this activity. Read more about Barbara on her [Facebook](#) page.

This was followed by a Board meeting which was open to all present. It was after that meeting that we discovered Polio NZ was considering employing a full time worker to progress their work. As Polio Australia discovered in 2010 after 2 years of purely volunteer activity, a paid employee will definitely help Polio NZ to move forward. We are looking forward to working together more closely in future.

Just before dinner, I gave a presentation on the [2016 Australasia-Pacific Post-Polio Conference](#), which I hope inspired a few more people to attend.

Then roast lamb for dinner. How quintessentially NZ! An 'unplugged' singer/acoustic guitarist, Cushla McCreesh, entertained us for an hour before those who were interested took off to watch a rugby match between NZ and Australia starting at 10.00pm local time. Can't wait to find out who wins.

Actually, I'm lying about that – I really don't care!

### Sunday 9th August 2015

It was really hard to get out of bed this morning. Even though the bulk of the past few days has been spent sitting around listening, talking, and EATING, we are all showing signs of exhaustion – or maybe that's just my bleary eyes . . .

When we reconvened, we were treated to Rotarian Dennis Murdoch's picture presentation of his epic 1700 kilometre bike ride from Prague to Passau, during which time he raised awareness for the End Polio Now campaign. It certainly looked like a lot of fun was had by all.

This was followed by a demonstration on the mysteries of Facebook by Board Member, Gordon Jackman. We were pleased that the example he used was to enter the 2016 Australasia-Pacific Post Polio Conference on their webpage.

And before we knew it, it was time for group photos, and feedback for the next Retreat. With the success of this 'pilot', it looks like there will certainly be more Retreats for NZ in coming years.

In spite of only having 3 months to pull it together, whilst dealing with a number of other highly stressful events occurring at the same time, and never even having attended a Retreat herself, Sue Griffin managed to come up with the goods. The overwhelming feedback and discussion amongst the participants was that they all got a lot out of the 4 days they were together – especially the 'togetherness' part of it!



Rotarian, Dennis Murdoch

John and I then drove 2 hours back to Auckland through episodes of torrential rain and even hail. Very exciting when you're not 100% sure where you're going. So if I hadn't already been exhausted, I certainly would have been after that experience, considering I was the designated driver. But John helped sooth my jangled nerves by negotiating an entry for me into the Emirates Lounge as his guest, even though we were on different flights with different airlines. What a wonderful thing to have such 'influence'. It's a lifestyle I'd like to become accustomed to, but I guess I'll just have to keep dreaming until I win the Lottery.

We were very pleased to have had the opportunity to join in with our Kiwi cousins for their Retreat, and everyone there made us feel most welcome. I believe we are all now very comfortable with sharing our experiences, ideas, and ambitions for better health and support services for polio survivors in both countries.

So although Australia won the rugby match on Saturday night (apparently!), we got out alive and parted as firm friends with full intentions of meeting again soon. 🌟

## Walk With Me Activities

While it is only a short walk for some, it's a real challenge for others. Walk With Me redefines the traditional notion of an event challenge. It's not about running faster, swimming further or cycling longer distances. It's a 2km or 4km walk challenging us all to take the time to walk alongside people of all abilities.

Walk With Me is an opportunity to support and celebrate the diversity within our community in an inclusive and festive environment.

Walk With Me is an acknowledgement that 1 in 5 Australians is challenged by a disability, and recognises the inspirational attitudes and achievements of 20% of our population.

Walk With Me is made possible by a partnership between Ability First Australia, its 12 Charity Partners, and major sponsor Dick Smith.

Bring your family, friends and workmates along to Walk With Me 2015. Details of events in each state, together with registration and sponsorship options can be found here: [www.walkwithme.org.au](http://www.walkwithme.org.au)



2014 Parramatta Walk with Gillian Thomas (sitting), John and Pam Tierney (standing) and friend

This year, Polio Australia will be represented at the following walks:

**ACT:** Thursday 15 October—see details below

**South Australia:** [Polio SA](#) and Novita—Sunday 30 August in Botanic Park, Adelaide

**New South Wales:** [Polio NSW](#) and Northcott—Wednesday 16 September starting Prince Alfred Square and finishing Centenary Square near Parramatta Town Hall, Parramatta

**Victoria:** Polio Australia and Scope—March 2016 in Bendigo. More details to come.

In 2014, Polio Australia and its state-based polio network members raised a grand total of \$15,686 and we are hoping to do even better this year!

**Note:** Donations will still be accepted until the 31st of December.

## Walk With Me in Canberra for Polio Awareness Month

Polio Australia is adding an extra 'Walk' in October this year, and inviting our Parliamentary Patrons and Friendship Group members to participate.

Like the previous Polio Awareness Month "We're Still Here!" campaigns, we are asking interested post-polio participants to assemble in the Marble Hall at the entrance of Parliament House in Canberra on Thursday 15th October at around 12.30pm for a 1.00 pm start.

We will be inviting Senators to 'walk' with us from the Parliament House entrance around to the Senate entrance and back to the Marble Hall,

and the MPs will be asked to walk to the House of Representatives entrance and back. The total distance for either of these walks is 1 km.

Polio Australia's post-polio team will be divided, with half each joining either the Senators or MPs.

To recover, we will be inviting all 'walkers', including the Parliamentarians, to refreshments in the [The Queen's Terrace Café](#) above the main entrance.

Help us raise awareness for Polio Awareness Month, whilst raising funds for the work of Polio Australia, by joining in this walk. For further details and to Register or sponsor the team, please check [here](#).

## Supporting Polio Australia

**Polio Australia would like to thank the following individuals and organisations for their generous support from 1 May to 30 July 2015:**

### Hall of Fame

Name	Donation
Dr John & Pam Tierney	\$3,250
Dusty Peck	\$1,000
<b>Total—\$4,250</b>	

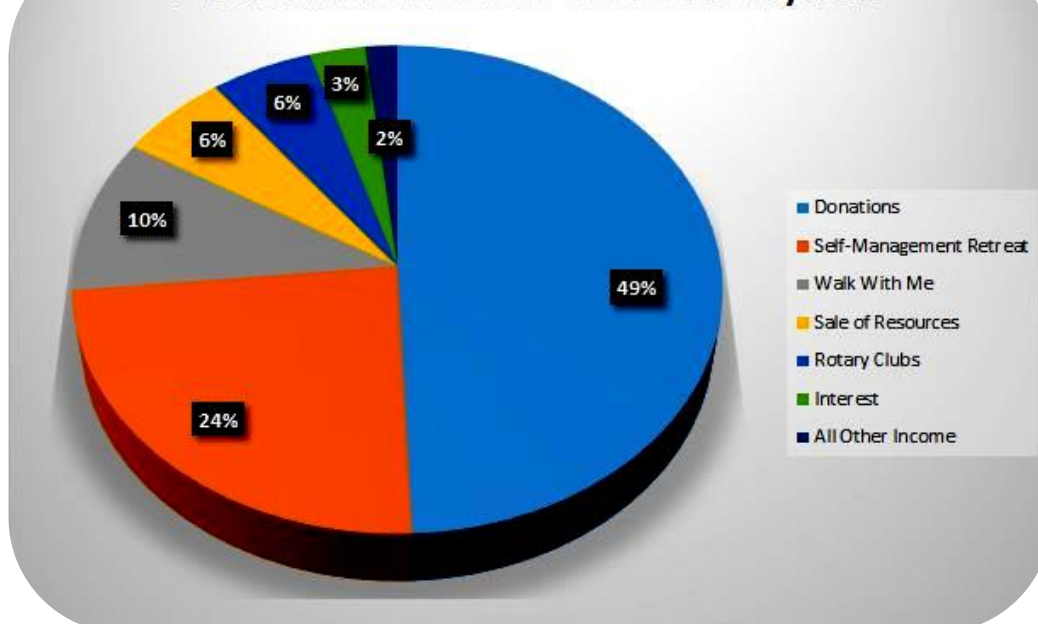
### General Donations

Names		
Jill Burn	R&J Mudge	Gillian Thomas
Lyn Lillecrapp	Dorothy Robinson	Anonymous
<b>Total—\$1,439</b>		

### Rotary Donations

Name	Donations
Rotary Club of Bribie Island (Qld)	\$1,000
Rotary Club of Mackay (Qld)	\$1,000
Rotary Club of Rutherford (NSW)	\$1,000
Rotary Club of Belmont (NSW)	\$500
Rotary Club of Greenhills-Maitland (NSW)	\$500
Rotary Club of North Ryde (NSW)	\$500
Rotary Club of Waratah (NSW)	\$200
<b>Total—\$4,700</b>	

**Polio Australia Income Sources 2014/2015**



## A Fun Day of Fashion, Fiesta and Tapas!

*By Dr Margaret Peel*

A sell-out fundraising event for Polio Australia organised by Sue and Graeme Mackenzie (with the assistance of Jane Young, Rosemarie Davidson, Jan Williams and Sarah Hutson) was held at the newly renovated Brunswick Hotel in New Farm in Brisbane on Sunday afternoon, 9th August.

Among the guests were Queensland ALP MPs Grace Grace and Joe Kelly (represented by Sue Adams), and Brisbane City Councillor for the Central Ward that includes New Farm, Vicki Howard. Every attendee received a copy of Polio Australia's pamphlet, "We're Still Here!".

The entertainment included Flamenco Dancing by Yolanda Fernandez and her two daughters, fashion parades by Fashion Houses, SFH and Peach Starlight, display and sales by Lorraine Lea Linen Shop, and Tarot Card Reading by Maria, all while the guests consumed champagne and tapas.

Some \$3,000 worth of goods were raffled and a silent auction was conducted for several items of particularly high value.

The event was a great success and most enjoyable. Special thanks on behalf of Polio Australia were conveyed to Sue and Graeme by Board Member, Margaret Peel.

**Note: The 95 people in attendance raised a healthy total of \$8,682/\$6,738 nett.** 🇦🇺



*Sue (far left) with her fantastic team of volunteers*



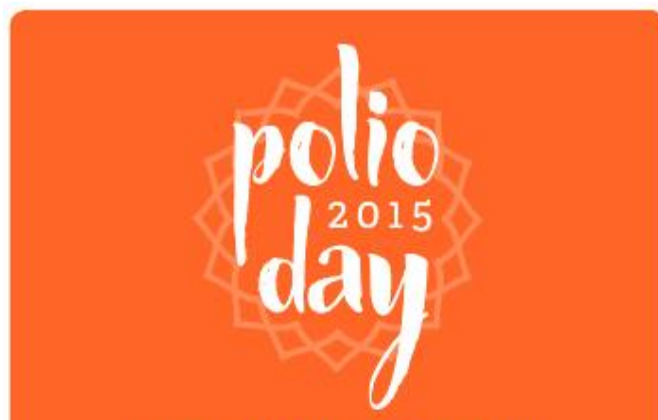
*Fun Fashions!*



*Left: Flamenco Dancing / Above: Happy faces say it all*

## Polio Day Activities

 <p>Not for Profit National Peak Body</p> <p>Celebrate Bribie Island Qld</p> <p><b>\$50 Per Head</b></p> <p><b>PRIZES</b></p> <p><b>Raffles Auction</b></p> <p><b>Bribie Island Hotel</b></p> <p>29 Sylvan Beach Esplanade Bellara Qld 4507 Ph: 07 3408 7477</p>	<p><b>Polio Australia</b> Representing polio survivors throughout Australia</p> <p><b>Rotary Bribie Island</b></p> <p>Awareness Knowledge Information Supporting the survivors of Polio</p>	
	<p><b>World Polio Day</b> <b>Saturday</b> <b>24<sup>th</sup> October 2015</b></p>	
	<p><b>SPECIAL GUEST</b> <b>Gold Coast BENJI</b></p> 	<p><b>ENTERTAINMENT</b> The amazing soloist <b>ONE VOICE</b> "KELSY"</p>  <p>Kelsy Vocals/Drumming</p>
	 <p><b>Luncheon - Saturday 24<sup>th</sup> October 2015</b> <b>12 noon to 3.30 pm</b></p> <p>Tickets available for \$50 each - phone Bill or Peter on 0403 686 998 Online tickets can be purchased by credit card at <a href="http://www.trybooking.com/IWSN">www.trybooking.com/IWSN</a></p> <p><i>Net proceeds donated to support the work of Polio Australia</i></p>	



**Polio Day in Victoria will take place on Saturday 24 October 2015 at Springvale Town Hall, 297-405 Springvale Road, from 10.30am to 3.30pm.**

The theme of the day is: **Team Polio 2015—making sense of change.** This day will focus on how polio survivors deal with change not only within themselves, but external forces impacting on them such as state and federal services providing care and equipment.

To Register [Download and complete the form](#) and return by Friday 9 October to:

**Georgie Stayches**  
**Fetching Events & Communications**

Email: [georgie@fetchingevents.com.au](mailto:georgie@fetchingevents.com.au)

**For more information about World Polio Day at the Bribie Island Hotel (Qld), contact Bill Peacock at [wpeacock658@gmail.com](mailto:wpeacock658@gmail.com). Purchase tickets online at [www.trybooking.com/](http://www.trybooking.com/)**



Spinal Injuries Australia, Brisbane will have renowned Queensland Post Polio specialist, Dr Peter Nolan (*pictured left*), as their key note speaker for World Polio Day commemorations on 23 October 2015 commencing at 10.15am.

Dr Nolan will present "A reflection of the mind, body, soul relationship of the journey with polio."

For further information please contact Jeanette Kretschmann on (07) 3391 2044 or [jkretschmann@spinal.com.au](mailto:jkretschmann@spinal.com.au)



**2016 Australasia-Pacific  
Post-Polio Conference**  
**Polio - Life Stage Matters**

**20-22  
SEPT  
2016**

**FOUR  
SEASONS  
HOTEL  
SYDNEY**

**SAVE  
THE  
DATE**

[www.postpolioconference.org.au](http://www.postpolioconference.org.au)

## Polio Day Activities (cont'd)

The [British Polio Fellowship](#) has announced that several famous buildings and structures across Great Britain are to be illuminated with the colours of The British Polio Fellowship's Post Polio Syndrome (PPS) Day Emblem. (PPS Day this year is on 22 October.)

The pre-publicity event will see well-known landmarks in a different light in an attempt to draw attention to the issues that surround those with the late effects of Polio and PPS, thought to be around 120,000 people in the UK. This number is believed to be similar to the number of people suffering from Parkinson's or Motor Neurone diseases, but PPS only receives a fraction of public and medical awareness.

It has been announced that the first landmark to be lit up will be Gateshead Millennium Bridge, with others set to follow. The British Polio Fellowship has put a call out to authorities of landmark buildings throughout Britain that would like to be involved to get in contact to help spread the message of PPS.

*"The chance to capture the entire nation's attention with this campaign is extremely exciting and fruitful," said Ted Hill, CEO of The British Polio Fellowship. "We're extremely delighted to be able to announce Gateshead Millennium Bridge as the first landmark building to sign up. I'd like to extend my sincerest gratitude to Gateshead Council and its locals, and in the process encourage other Councils and their landmarks to come forward."*



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- Suitable for indoor or outdoor



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- Carries up to 140kg



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or CALL 1300 622 633

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## LEoP Clinical Practice Workshop Series in Sydney

[Rotary District 9685](#) (Sydney Harbour to the Central Coast of NSW) continues to progress its commitment to fund and work with Polio Australia to deliver a pilot program of The Late Effects of Polio (LEoP) Clinical Practise Workshops, providing local health care professionals with peer education and resources to work with the post-polio body

We are now working towards finalising the details of the series of ten LEOp workshops which are scheduled to take place between November this year and March 2016. An agreement has been made with [Advance Rehab Centre](#) (ARC Health) to provide peer educators to facilitate this program. ARC Health specialises in neuro-rehabilitation and the Director, Melissa McConaghy, is a member of Polio Australia's Clinical Advisory Group.

In coming months, these LEOp workshops will be promoted throughout Rotary District 9685 Club areas, with health practitioners being able to book in to any of the ten workshops through the Polio Health website: [www.poliohealth.org.au/professional-development-workshops](http://www.poliohealth.org.au/professional-development-workshops).

If this pilot is a success, PDG Bob Aitken, and District Governor Gina Growden, and their team, plan to promote a similar series of LEOp Clinical Practice Workshops in ALL Rotary Districts around Australia and New Zealand. This is a very exciting program and Polio Australia is delighted that Rotary District 9685 have embraced this workshop series as one of their projects.

We believe that Rotary working to assist polio survivors is 'closing the circle' with the early days of starting up the 'Crippled Children's Associations' in Australia—predominantly for children recovering from polio—through to the excellent contribution they have made with the world polio eradication efforts.

Those children who survived last century's polio epidemics are once again needing support to help manage the Late Effects of Polio. Providing LEOp Clinical Practise Workshops for health professionals will ensure that they receive the appropriate care and management to maintain the best quality of life possible. Thanks again Rotary! 🌟

- Ed

## Northern Gold Coast Seniors Expo



L-R: Brian (Rotary) Diane, Stuart Roberts MP (holding [Benji](#)), Lyn, and Sylvia

The sixth Northern Gold Coast Seniors Expo was held on the 29th of July and offered the local seniors community an opportunity to find out what local private and government services can do for them. The Seniors Expo is an initiative of local Federal Member Stuart Robert MP and is free to attend.

This year's Expo was held at the Runaway Bay Indoor Basketball Centre with over 170 exhibitors plus presenters, demonstrations, lucky door prizes and special guests.

Also in attendance were Lyn Glover, Facilitator of the Gold Coast Post Polio Network together with members Diane and Sylvia.

Brisbane-based Sue Mackenzie also called in to help out on the Rotary Stall that Lyn and her team were invited to share. Polio Australia supplied a number of brochures which were handed out on the day. A big THANK YOU to all who participated. 🌟

## Exhibit for Disability Rights

**By Dellaram Vreeland**

Source: [The Courier](#) – 7 July 2015

AN EXHIBITION exploring campaigning for disability rights was launched in Ballarat last week.

Entitled *Grassroots Democracy: The Campaign for Disability Rights*, the exhibition is on show at the Museum of Australian Democracy at Eureka. (Until July 29)

Exploring the deinstitutionalisation of the 1970s, the rights-based activism of the 70s and 80s and the recent introduction of the National Disability Insurance Scheme, the retrospective show is exhibited both in the museum and [online](#).

*Grassroots Democracy* guest curator Ashley Heenan said the show aimed to start conversations about the disability rights movement in Australia by exploring key milestones of change and introducing the people behind that change.

**Ed Note:** Post-Polio Victoria's Vice President, Margaret Cooper, (pictured above) was amongst those featured in the exhibition. Congratulations Margaret, we have all benefited from your efforts! 🌟



## Polio Alert Is Critical

**By Liz Telford and Fleur Rubens**  
**Post Polio Victoria Inc**

Source: [theage.com.au](http://theage.com.au)  
Comment—18 August 2015

Julia Medew highlights errors in clinical management that have occurred in our hospitals with some devastating outcomes ("Hundreds of patients' deaths preventable", 15/8).

A lack of medical knowledge is another cause. Here is a real example. In 2011, a man died unexpectedly in a major hospital a month after surgery. He had a history of polio. A surgical error considered minor (as it is for someone without post polio) combined with inappropriate post-surgery care (due to

hospital ignorance of post-polio management) resulted in respiratory failure. The cause of death was given as "post polio", although it was not the disease process but clinical management that caused this man's preventable death.

Anyone who contracted polio, whether paralysed or not (an estimated 400,000 Australians) may develop post polio, a condition that may affect the central nervous and respiratory systems.

One Victorian hospital now has a polio medical alert for patients known to have had polio. All hospitals need to do the same, and patients should alert staff if they ever contracted polio. Despite the successful global polio eradication campaign, post polio will be around for decades to come and hospital staff must be educated. 🌟



## What's On In Your State At A Glance

### ACT

**2015 Polio Awareness Month:** Thursday 15 October 2015, 12.30pm for 1.00pm to 2.00pm "Walk With Me" fundraising and awareness raising event at Parliament House, Canberra. More details can be found on the "[Walk With Me](#)" website including Registration and Sponsorship.

### Victoria

**2015 Polio Day:** Saturday 24 October 2015, 10.30am to 3.00pm, at the Springvale Town Hall. Polio Network Victoria, supported by Independence Australia. The theme of the day is: **Team Polio 2015—making sense of change**. This day will focus on how polio survivors deal with change not only within themselves, but external forces impacting on them such as state and federal services providing care and equipment. To Register [Download and complete the form and](#) return by Friday 9 October to [Georgie Stayches](#).

**AGM:** [Post-Polio Victoria](#) will be holding their Annual General Meeting at 11.00am on Monday 23rd November 2015 at the Disabled Motorists Association, 2A Station Street, Coburg, Victoria. Find out about PPV's advocacy work over the past year and join in the discussion. Refreshments provided. All welcome! Email [Post Polio Victoria](#) for details.

### New South Wales

**Walk With Me:** Polio Australia will be holding its third "[Walk With Me](#)" fundraiser in Parramatta in conjunction with the Northcott Society. By supporting the Walk, you will also be supporting [Polio NSW](#). Registration and Sponsorship details can be found [here](#). **When:** Wednesday 16 September, 2015 **Time:** Meet for walk at 11am, entertainment, information and food stalls between 12pm–2pm **Where:** Meet at Prince Alfred Square and walk down Church Street to Centenary Square (near Parramatta Town Hall).

**LEoP Clinical Practice Workshops:** The Late Effects of Polio (LEoP) Clinical Practice Workshops will be taking place at ten venues around Sydney and surrounds between November 2015 and April 2016, providing local health care professionals with peer education and resources to work with the post-polio body. Details will be available online on the [Polio Health website](#).

**2016 Australasia-Pacific Post-Polio Conference:** 20-22 September 2016 at the Four Seasons Hotel, Sydney. All details can be found on the [conference website](#).

### Queensland

**2015 Polio Day:** [Spinal Injuries Australia](#), Brisbane will have renowned Queensland Post Polio specialist, Dr Peter Nolan, as their key note speaker for World Polio Day commemorations on 23 October 2015, commencing at 10.15am. Dr Nolan will present "*A reflection of the mind, body, soul relationship of the journey with polio.*" For further information contact [Jeanette Kretschmann](#) or Ph: (07) 3391 2044.

**2015 Polio Day:** A [Polio Day Luncheon](#) is being held on Saturday 24<sup>th</sup> October 2015 from 12 noon to 3.30pm at the Bribie Island Hotel, 29 Sylvan Beach Esplanade, Bellara Qld 4507. There will be prizes, raffles, an auction, and entertainment by the amazing soloist 'Kelsy'. For more information, contact [Bill Peacock](#). Tickets are available for \$50 each and can be purchased online by credit card at [www.trybooking.com/IWSN](#) with nett proceeds donated to support the work of Polio Australia.

### South Australia

**Walk With Me:** Polio South Australia is co-hosting Walk With Me 2015 on Sunday, August 30 in Botanic Park, Adelaide. Walk With Me is Australia's leading event connecting people of all abilities. Walk With Me will take participants on a fully-accessible 2.5km walk from Botanic Park through the scenic Adelaide Botanic Gardens. The walk will finish at the Adelaide Zoo, where all registered participants will receive free entry to enjoy the remainder of the day exploring the sights, sounds and animals at the Zoo. Registration and Sponsorship details can be found [here](#).

## Don't Blame PPS For Everything

By Stephen Pate

Source: Oye! Daily Life - 7 August 2015



**Post-Polio Syndrome can mask life threatening health problems like heart disease.**

Post-Polio Syndrome (PPS) can dominate your life but it may not be your only health problem. In fact, post-polio can mask life threatening health issues. Pain, muscle weakness, fatigue and sleep disorders are common to Post-Polio and a number of other conditions.

According to the Mayo clinic, *"common signs and symptoms of post-polio syndrome include: progressive muscle and joint weakness and pain, general fatigue and exhaustion with minimal activity, muscle atrophy, breathing or swallowing problems, sleep-related breathing disorders, such as sleep apnea and decreased tolerance of cold temperatures. In most people, post-polio syndrome tends to progress slowly, with new signs and symptoms followed by periods of stability"*.

When someone gets Post-Polio Syndrome they and their doctors can tend to blame everything else on PPS. That may seem logical but it can be wrong.

*"As a post-polio survivor I have been fooled more than once"*, wrote Bruce Lambert in ["Is It Post-Polio or Something Else"](#) (Post-Polio Health). *"My doctors too, even the good ones"*.

The devilish thing is that Post-Polio is often misdiagnosed as something else – aging, Chronic Fatigue Syndrome or a number of conditions with weakening muscles and persistent pain.

However, once Post-Polio Syndrome is confirmed, it becomes the reason for every new symptom. We want to believe that because that simplifies life.

In Bruce Lambert's story, a new groin pain was not Post-Polio: it was spinal arthritis which took multiple MRI's and X-rays to diagnose.

### Coronary Heart Disease and Post-Polio

Fatigue and shortness of breath are also signs of coronary heart disease or CHD. Arteries clogged with cholesterol reduce the amount of oxygen in the blood and create weakness, shortness of breath and muscle pain in the extremities like arms and legs.

Fatigue is symptomatic of a Post-Polio diagnosis. Certainly PPS can also contribute to deconditioning and more weakness. However, the cause of new weakness and pain may be *"cardiovascular disease...caused by narrowed, blocked or stiffened blood vessels that prevent your heart, brain or other parts of your body from receiving enough blood"*. [Mayo Clinic](#)

An ounce of prevention is worth a pound of cure. Getting a proper diagnosis before a heart attack is better than after. First, some heart attacks kill you without warning. Secondly, even if you survive a heart attack, the recovery process is long and slow.

If you find it hard to climb a ladder or do tasks that previously were possible, you may have CHD and be a heart attack candidate. See your doctor and get your cholesterol, blood pressure and other indicators checked.

The traditional tests for heart attack or CHD are poor predictors of heart attacks. Everyone knows someone who passed their stress test and died within months from a massive fatal heart attack. There is a new test that can more accurately predict your heart condition called the [Coronary Calcium Scan](#). Like an MRI, it can predict if you have a build-up of plaque in your arteries and risk a heart attack.

*"A coronary calcium scan is a fairly simple test. You'll lie quietly in the scanner machine for about 10 minutes while it takes pictures of your heart. The pictures will show whether you have calcifications in your coronary arteries. A coronary calcium scan is most useful for people who are at moderate risk for heart attacks."*

## Don't Blame PPS For Everything (cont'd)

You or your doctor can calculate your 10-year risk using the [Risk Assessment Tool](#) from the National Cholesterol Education Program". [Australian's may prefer to look at [this Australian website](#).]

If you have Post-Polio Syndrome and are dependant on a wheelchair or crutches for mobility, it is highly likely you are at risk. Our bodies are meant to be in motion and that becomes more difficult for PPS survivors. There are things you can do to avoid a heart attack like take statins and blood pressure medications, get rid of the stress in your life, lose weight to shed those dangerous extra pounds and try to get into an exercise program.

Full article [here](#). ●

## ICD Codes

Source: [Polio Place Website](#) - Updated August 2015

The International Classification of Diseases is a clinical cataloguing system of alphanumeric designations given to every diagnosis, description of symptoms and cause of death attributed to human beings.

It means that each diagnosis a human being may be given has a code, a numbered designation, that goes with it. That code means that every medical professional in the United States and many other parts of the world will understand the diagnosis the same way.

Many countries use the tenth edition (ICD-10). The United States will implement the ICD-10 on October 1, 2015.

Relevant polio and post-polio codes from the ICD -10 are:

Z24 - need for immunization against poliomyelitis

[A80-A80.9](#) - acute poliomyelitis

[B91](#) - Sequelae of poliomyelitis

[G14](#) - Postpolio syndrome

Visit Post-Polio Health International's Polio Place website for more on ICD Codes and many more facts on polio and post polio: [www.polioplace.org](http://www.polioplace.org) ●

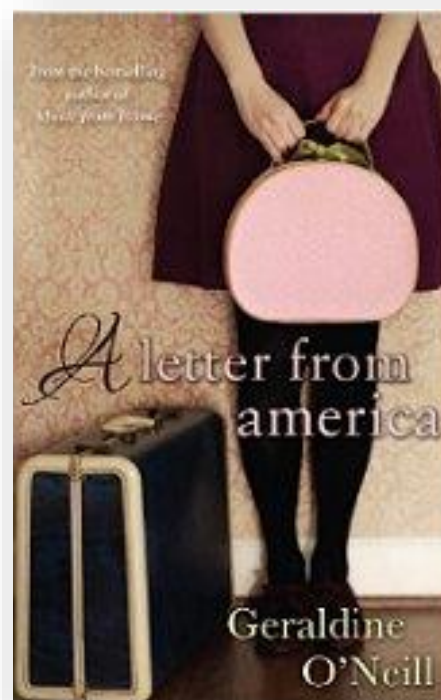
## A Letter From America

**Information provided by John MacFarlane, President, European Polio Union**

Geraldine O'Neill is the pen name of a member of the Post Polio Support Group of Ireland. In her eleventh novel, "A Letter from America", she draws directly on her own experiences of being a polio survivor as well as those of others of the PPSG group to develop the character of Angela Tracey, one of three sisters at the heart of the action.

Geraldine, although born in Scotland, has her heritage and cultural background firmly rooted in the Midlands of Ireland. If you want a good holiday read, as well as to soak up something associated with Ireland, it's well worth giving this book a go.

"A Letter from America" is published by Poolbeg Press Ltd and is available in paperback and Kindle (ISBN 978-1-78199-189-3) from national [Amazon websites](#). Some of her previous books, all of which have an Irish link, have been translated into other languages. ●



## New Resources to Help Communication

### New Resources will Help Communication Between Consumers and Health Professionals

Source: [Painaustralia](#) e-News Issue 55 – 14 August 2015

[NPS MedicineWise](#) has launched a range of chronic pain resources for consumers and health professionals, to help facilitate conversations about chronic pain and encourage a multimodal approach to treatment.

Easily digested they are designed to fit in with health professionals' busy schedules, and offer a sound resource for patients, particularly those who have just been diagnosed with chronic pain or who have a poor understanding of the condition.

Developed in conjunction with Painaustralia, Chronic Pain Australia, Arthritis Australia and the

Australian Pain Management Association, consumer tools include chronic pain communication tool, my pain diary and the chronic pain knowledge hub.

For health professionals, there a suite of new learning products as part of their chronic pain professional development program. They include:

- Educational visits on chronic pain (one-on-one or small groups)
- Detailed online information about chronic pain
- Health professional publication MedicineWise News 'Chronic Pain'
- Clinical eAudit
- A new online case study: Chronic pain opioids and beyond

If you would like to find out more, or to download information, visit the [NPS MedicineWise](#) chronic pain portal. 🌐

## My Health Apps

[myhealthapps.net](#) brings together the world's favourite healthcare apps – *tried and tested by people like you*.

[myhealthapps.net](#) gives public, patients and carers a quick and easy way to find trusted apps to:

- make a difference to your health
- help you support someone you care for

Each app is recommended by healthcare communities from all over the world, including:

- empowered consumers
- patients
- carers
- patient groups

- charities and other not-for-profit organisations

[myhealthapps.net](#) works together with this network to:

- highlight best practice in health app development
- highlight the unmet needs of public, patients and carers to app developers
- bridge the gap between public, patients and carers with app developers to improve the relevance, quality and health impact of apps

The result is the best healthcare apps, recommended by empowered consumers, patients and carers. 🌐

## RACV Offering Roadside Wheelie Assistance

By [Kymberly Martin](#)

Source: [freedom2live.com.au](#) – 15 April 2015

The RACV is offering a roadside assistance package to wheelchair and scooter users when devices are immobilised. If the problem is from mechanical failure, flat tyre or even a flat battery the RACV will assist with either getting the user mobile again, or make arrangements to get the user and the device home or to a place of repair.

The package allows for eight calls a year. For non-members there is an initial cost of \$102.50 (includes an establishment fee of \$54) with an ongoing cost of \$48.50 per annum. New subscribers under 21 are exempt from the establishment fee. There are various discount packages available to RACV members. For more information visit: [www.racv.com.au](#) 🌐

## 50% of Australians Battling Chronic Disease

Media Release: The Hon Sussan Ley MP  
Minister for Health  
Minister for Sport

Source: [Department of Health Media Release](#)  
—12 August 2015

The need for Primary Health Care reform has been highlighted with the release of new statistics that show half of all Australians have at least one chronic disease.

Minister for Health Sussan Ley said the new figures backed the Abbott Government's decision to set up a Primary Health Care Advisory Group, which is travelling the country over the next three weeks to discuss primary health care reform.

Ms Ley said the Abbott Government was committed to reforming primary health care with the release last week of an options discussion paper '*Better outcomes for people living with Chronic and Complex Health Conditions through Primary Health Care*'. Australians can comment on the discussion paper and supporting documents or fill out the consultation survey at the [Department of Health's website](#).

*"As our population ages, we know that the prevention and treatment of chronic disease is an increasing challenge for the health system and Australians generally,"* Ms Ley said.

*"The Abbott Government is committed to engaging with health professionals and patients to reform the way we treat people with chronic and complex conditions.*

*"It is concerning these stats show not only do half of all Australians have a chronic disease but one-in-five have at least two of the most common eight chronic diseases including diabetes, cardio-vascular disease and mental health conditions."*

Ms Ley said the discussion paper considered possible reform options which would inform the government's development of a healthier Medicare to keep people out of hospital longer.

*"We are committed to finding better ways to care*



*for people with chronic and complex conditions and ensure they receive the right care, in the right place, at the right time,"* Ms Ley said.

Ms Ley said the Primary Health Care Advisory Group, led by former AMA President Dr Steve Hambleton, had developed the discussion paper and would hold public consultations across Australia over the next three weeks to finalise its recommendations to Government.

*"I encourage all Australians including patients, health professionals and interested parties to look at the options included in the discussion paper and provide their feedback as we work hand-in-hand to deliver a primary health care system that better looks after Australians earlier."*

Ms Ley said the Primary Health Care Advisory Group would seek further feedback through public consultations in Sydney, Western Sydney and Dubbo before moving on to Melbourne, Geelong, Hobart, Brisbane, Cairns, Rockhampton, Adelaide, Alice Springs, Darwin, Perth and Broome.

Following the public consultation, the Primary Health Care Advisory Group will develop specific recommendations for Government by the end of the year. For the full report and statistics visit the [AIHW website](#).



**2016 Australasia-Pacific  
Post-Polio Conference**  
Polio - Life Stage Matters

**20-22  
SEPT  
2016**

**FOUR  
SEASONS  
HOTEL  
SYDNEY**

**SAVE  
THE  
DATE**

## The First Iron Lung

**By Lily Barback, Associate Editor**

Source: [www.laboratoryequipment.com](http://www.laboratoryequipment.com)  
- 29 July 2015



*The iron lung ward at Rancho Los Amigos Hospital around 1953*

On July 29, 1929, the first electric respirator, or iron lung, was installed in Bellevue hospital to

fight a polio epidemic. The machine was made from two vacuum cleaners and worked on negative pressure. It surrounded a person's body save for the head.

The machine created negative pressure outside a patient's body, forcing an expansion for the rib cage and an inhale of air from the person's nose or mouth outside the device. A return to ambient pressure caused the deflation of the lungs and an exhale. It was created at Harvard by Phillip Drinker and Louis Agassiz Shaw.

John Mayrow first considered the idea of an external negative pressure in 1670. His version used bellows to change the pressure. Models were built to be pumped by hand. The machine created by Drinker and Shaw was the first to run on electricity. After saving the life of a 10-year-old at death's door it became popular and widely accepted.

Read article online [here](#).🌟

## Meet The Heroes And Villains of Vaccine History

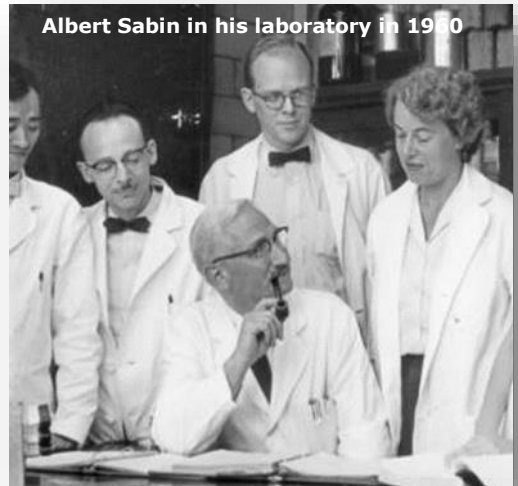
**By Jeffrey Kluger**

Source: Time – 29 July 2015  
<http://time.com/3977055/vaccine-heroes-villains/>

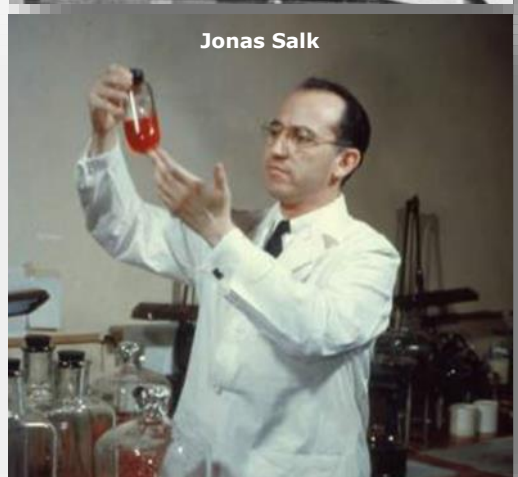
**A California legislator who faces a recall campaign for his support of a law mandating vaccinations is just one of the heroes in the history of vaccines. Alas, there are villains too.**

Jonas Salk and Albert Sabin didn't much care for each other. The older, arid Sabin and the younger, eager Salk would never have been good matches no matter what, but their differences in temperament were nothing compared to a disagreement they had over science. Both researchers were part of the National Foundation for Infantile Paralysis—later dubbed the March of Dimes—and both were trying to develop a polio vaccine. Sabin was convinced that only a live, weakened virus could do the trick; Salk was convinced a newer approach—using the remains of a killed virus—would be better and safer. Both men turned out to be right. Salk's vaccine was proven successful in 1955; Sabin's—which was easier to administer, especially in the developing world, but can cause the rare case of vaccine-induced polio due to viral mutations—followed in 1962. Both vaccines have pushed polio to the brink of eradication. It is now endemic in only three countries—Afghanistan, Pakistan and Nigeria—and appears, at last, destined to follow smallpox over the extinction cliff. 🌟

Albert Sabin in his laboratory in 1960



Jonas Salk



## Exercise May Reduce Mortality In Elders

**By Laird Harrison**

Source: Medscape Medical News - 4 August 2015

Official guidelines should set lower exercise targets for people older than 60 years than for younger adults, a meta-analysis shows. This population can reduce its risk for death by about 22% with only half the recommended 150 minutes per week of moderate-intensity exercise, according to the new report.

*"Based on these results, we believe that the target for physical activity in the current recommendations might be too high for older adults and may discourage some of them",* writes David Hupin, MD, from the Centre Hospitalier Universitaire de Saint-Étienne, Hôpital Nord, Service de Physiologie Clinique et de l'Exercice, Saint-Étienne, France, and colleagues.

They published their findings [online](#) August 3 in the *British Journal of Sports Medicine*.

The physical activity [guidelines](#) of the US Department of Health and Human Services do not distinguish between older and middle-aged adults, except to say that older adults limited by 'chronic conditions' should *"be as physically active as their abilities and conditions allow"*, the researchers note.

More than 60% of older adults find 150 minutes per week of moderate to vigorous exercise too demanding, the researchers write. Examples of moderate to vigorous activities include brisk walking, cycling, swimming, and gymnastics.


The researchers wanted to know whether people older than 60 years could benefit from aiming at a lower target, so they searched the published literature to find out what levels of activity produced the most benefits in this population. Of a total of 835 relevant studies, they found nine suitable for analysis. These studies involved a total of 122,417 participants who were monitored for an average of around 10 years. During this period, 18,122 patients died.

The greatest benefit seemed to accrue to those who went from doing nothing, or only a minimal amount of physical activity, to doing more.

Older women appeared to benefit more than older men from exercise, but the researchers speculate that this finding could stem from men overestimating their physical activity and women underestimating it.

From these findings, the researchers conclude that 250 MET minutes, which corresponds to 75 minutes per week of moderate to vigorous physical activity, was a more reasonable goal for adults older than 60 years. That is only 15 minutes per day 5 days a week, they note.

*"The widespread diffusion of this message will encourage more older adults to include even low doses of [moderate- to vigorous-intensity physical activity] in their usual daily activities, without experiencing high levels of fatigue or of pain",* the researchers conclude. *"This message should be relayed by general practitioners who play a key and essential role in promoting physical activity behaviour in older adults".*

*Br J Sports Med.* Published online August 3, 2015. [Full text](#) 



## Vitamin D And Weight Loss In Older Women

**By Megan Brooks**

Source: Medscape - July 01, 2015

Vitamin D supplementation augments the benefits of weight loss on systemic inflammation linked to cancer and chronic disease, according to new research.

In the year-long study of older overweight women with insufficient vitamin D levels, weight loss coupled with vitamin D supplementation had a greater effect on reducing levels of the proinflammatory cytokine interleukin (IL)-6 than weight loss alone.

*"Evidence suggests that overweight individuals have lower levels of vitamin D because it's sequestered in fat depots, leading to lower bioavailability",* said lead author Catherine Duggan, PhD, from Fred Hutchinson Cancer Research Center in Seattle.

It is possible that *"weight loss leading to fat loss, releasing stores of vitamin D, would have an additive effect on the vitamin D<sub>3</sub> supplements (which themselves aren't being sequestered)",* she told Medscape Medical News. *"We already know that weight loss reduces levels of inflammation, so this effect, plus the added benefit of vitamin D<sub>3</sub> supplements and the increased bioavailability of vitamin D<sub>3</sub>, reduces IL-6 levels by a measurable level".*


The study was [published online](#) April 23 in *Cancer Prevention Research*.

*"Clinicians should encourage maintenance of a healthy weight to reduce chronic inflammation and its associated effects. Overweight individuals should be tested for vitamin D deficiency/insufficiency and supplementation advised as necessary",* Dr Duggan suggested.

However, a researcher who has studied the effects of vitamin D on inflammatory biomarkers is not convinced. The effect seen may be due to weight, said Paulette D. Chandler, MD, MPH, from Brigham and Women's Hospital and Harvard Medical School in Boston, who was not involved with the study.

### Chronic Inflammation as a Protumorigenic State

Chronic inflammation is thought to represent a protumorigenic state. Previous studies have shown that losing weight can reduce inflammation, and there is some evidence that taking vitamin D supplements can have a similar effect in people with insufficient levels of the nutrient. Dr Duggan and her colleagues report that their study is the first to assess whether adding vitamin D can boost the effect of weight loss on inflammatory biomarkers.

*Cancer Prev Res (Phila)*. Published online April 23, 2015. [Abstract](#) 

## Mediterranean Diet May Preserve Brain

**By Megan Brooks**

Source: Medscape Medical News /Neurology - August 07, 2015

The Mediterranean diet may help preserve structural connectivity in the brain in older adults, results of a French study hint.

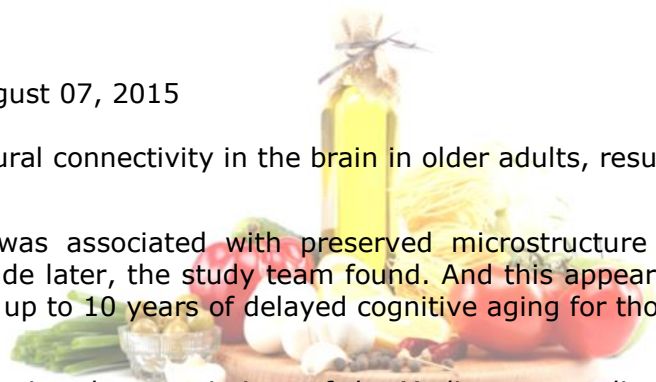
Greater adherence to the Mediterranean diet was associated with preserved microstructure in extensive areas of the white matter up to a decade later, the study team found. And this appeared to be related to strong cognitive benefit, equal to up to 10 years of delayed cognitive aging for those with the greatest adherence, they say.

*"This is to our knowledge the first study investigating the associations of the Mediterranean diet to brain structure in humans, focusing not only on grey matter volume but also on white matter architecture (a more novel marker of brain health)",* Cecilia Samieri, PhD, from University of Bordeaux, France, told Medscape Medical News.

*"The findings give mechanistic clues on the link between the Mediterranean diet and lower cognitive aging which have been suggested in previous research",* she said.

The study was [published online](#) July 16 in *Alzheimer's & Dementia*.

Check [this link](#) for the 10 Commandments of "The Real Mediterranean Diet". 



## How To Know Whether To Believe A Health Study

By Austin Frakt

Source: New York Times  
– 17 August 2015



Picture – Pete Ryan

Every day, new health care research findings are reported. Many of them suggest that if we do something — drink more coffee, take this drug, get that surgery or put in this policy — we will have better (or worse) health, or longer (or shorter) lives.

And every time you read such news, you are undoubtedly left asking: Should I believe this? Often the answer is no, but we

may not know how to distinguish the research duds from the results we should heed.

Unfortunately, there's no substitute for careful examination of studies by experts. Yet, if you're not an expert, you can do a few simple things to become a more savvy consumer of research. First, if the study examined the effects of a therapy only on animals or in a test tube, we have very limited insight into how it will actually work in humans. You should take any claims about effects on people with more than a grain of salt. Next, for studies involving humans, ask yourself: What method did the researchers use? How similar am I to the people it examined?

Sure, [there are many other important questions to ask about a study](#) — for instance, did it examine harms as well as benefits? But just assessing the

basis for what researchers call "causal claims" — X leads to or causes Y — and how similar you are to study subjects will go a long way toward unlocking its credibility and relevance to you.

Let's look closer at how to find answers. (If the answers are not in news media reports, which they should be, you'll have to chase down the study — and admittedly that's not easy. Many are not available without cost on the web.)

It's instructive to consider an ideal, but impossible, study. An ideal study of a drug would make two identical copies of you, both of which experience exactly the same thing for all time, with one exception: Only one copy of you gets the drug. Comparing what happens to the two yous would tell us the causal consequences of that drug for you.

*Continue reading the full article [here](#).*

## Man Has Polio Virus Living In Gut For 30 Years

by [Rachael Rettner](#), Senior Writer

Source: Live Science - 27 August 2015

A man in the United Kingdom experienced a very rare complication of the polio vaccine he received in childhood — he never cleared the virus from his body. As a result, the virus has been circulating in his gut for nearly 30 years, and is still being excreted in his stool today, according to a new report of the case.

Although it was known that some people could shed the virus from their bodies for long periods, the new case is by far the longest that the virus has stuck around in a person, the researchers said.

Cases like these could potentially spread polio, and interfere with efforts to [eradicate the virus](#), the researchers said.

The new findings "raise questions about how the population may best be protected from" these particular polio viruses, the researchers said. [[7 Devastating Infectious Diseases](#)]

Poliovirus has been eradicated nearly everywhere except for a few countries, including Afghanistan and Pakistan, although the virus has seen a re-emergence in countries such as Syria in recent years.

There are two types of [polio vaccine](#) used to prevent the disease: one type contains dead strains of the virus and must be injected, whereas the other type, the oral polio vaccine, contains a live but weakened virus.

The oral vaccine has a few advantages, including that it is easy to administer, and can more quickly stop the virus from replicating in a person's gut, if that person is exposed to the virus. However, there is a very small risk that the vaccine can cause the illness itself.

## Man Has Polio Virus Living In Gut For 30 Years (cont'd)

In addition, there is risk that the virus can linger in the gut of people who are given the oral vaccine. The vaccine works by prompting immunity to develop in the gut because the weakened virus briefly replicates there. People usually clear the virus from their gut in six to eight weeks after vaccination, but in very rare cases, people with [immune system](#) disorders cannot clear the virus, and it continues to replicate in their gut.

That's what happened to the patient in the new report, a 29-year-old white man who was given the vaccine as an infant. (The man has never developed the disease itself.)

The researchers analyzed more than 100 stool samples from the patient, which were collected between 1995 and 2015. They found high levels of the polio virus in the samples. What's more, tests showed that the polio viruses in the patient's gut were different from those in the vaccine, meaning that mutations had developed in the virus over time.

The viruses in the patient's gut were able to cause paralysis in a mouse model, suggesting that these strains are very virulent. However, tests with human blood from people who were vaccinated against polio showed that the antibodies in the people's blood were able to kill the viruses from the patient.

*"These results are reassuring in that they indicate that vaccinated humans are well protected against infection"* with these virus strains, the researchers said.

But the researchers noted that they used blood from people who had been vaccinated with the oral vaccine, and it's not clear if people vaccinated solely with the inactivated vaccine would show the same level of protection. In the U.S., children have been given the inactivated vaccine since the year 2000; prior to that, the oral vaccine was used.

There have been only 73 documented cases of people with immune problems who had the [polio virus](#) replicate in their intestines for prolonged periods. But it's possible that some cases were missed — strains of polio that differ from those in the vaccine have been found in sewage samples from Slovakia, Finland, Estonia and Israel, the researchers said. These findings suggest that *"an unknown number of these chronic excreters exist elsewhere,"* the researchers said.

Surveillance of sewage and stool samples should be done to search for polio strains, the researchers said. In addition, there is a need to develop antiviral treatments for patients like the one in the current study, because there is currently no effective way to stop the replication of the polio virus.

*"These measures are needed to be able to identify and manage the possible risks of [divergent] strains spreading and causing disease in patients and the general population,"* the researchers said. Finally, new polio vaccines may be needed to fully eradicate the illness, they said.

Full article [here](#). 🌐

## Study Finds Injected Polio Vaccine Safe

Source: [CIDRAP](#)—17 August 2-15

Thirteen years of US safety data on the inactivated poliovirus vaccine (IPV, or polio shot) show that it is not associated with major side effects, a study yesterday in *The Lancet Infectious Diseases* noted.

Researchers from the Centers for Disease Control and Prevention (CIDRAP), the Food and Drug Administration, and Emory University in Atlanta studied data on 41,792 adverse events submitted to the US Vaccine Adverse Event Reporting System (VAERS) from Jan 1, 2000, through Dec 31, 2012.

Given that more than 250 million IPV doses were administered during that period, the rate of adverse events was about 0.02%. Also, stand-

alone IPV administration was recorded for only 0.5% of the events, as most doses were given in combination with other childhood vaccines.

Among the adverse events reported, 34,880 (88%) were for non-serious events, 3,905 (10%) were for non-fatal serious events, and 783 (2%) were death reports. Almost all deaths (96%) were in children 1 year old or younger, and 52% had sudden infant death syndrome as the reported cause of death. These rates are similar as data on the oral polio vaccine, the authors noted.

The researchers concluded, *"No new or unexpected vaccine safety problems were identified."* An accompanying commentary called the results *"good news."*

Aug 16 *Lancet Infect Dis* [study](#) / [commentary](#) 🌐

## One Year Since Africa Has Had Any New Polio Cases

By [Eleanor Goldberg](#), *Impact Editor*

Source: [The Huffington Post](#) - 11 August 2015

Tuesday marks one year since Africa has had any new polio cases, a monumental step toward the continent being completely rid of the disease.

Since a case was recorded in [Somalia a year ago](#), there has been no evidence of any new incidents, an accomplishment advocates attribute to a collaborative, multi-tiered effort, UNICEF noted. Volunteers, religious leaders, health workers and government agencies have banded together to bring vaccines to rural areas and to dispel myths associated with getting the shots.

Polio mainly affects children under 5 years and can lead to irreversible paralysis and death in some cases when breathing becomes compromised, according to the World Health Organization.

The disease has never been stopped in Afghanistan, Pakistan or Nigeria, according to NPR.

While Somalia has had its hopeful moments over the years, the disease hasn't yet been completely wiped out.

After three polio-free years, the disease resurfaced in 2005 in Somalia with 185 confirmed cases, and smaller outbreaks the following three years, according to UNICEF.

In 2008 there was an outbreak in Jonglei State, close to the border with Ethiopia.

*"It is hard to describe the isolation of this place - an area of marshes, vast cotton-soil*

*plains that become impassable after rains, and an area that has long been plagued by insecurity"*, Peter Crowley, head of UNICEF's polio unit, wrote in a blog post.

Yet, despite such challenges, the outbreak was contained and the area has not experienced a new case since.

To effectively protect Somalians from the disease, advocates have looked to religious leaders to urge their congregants to get vaccinated.

Some parents resisted getting their children vaccinated, saying that it conflicted with their religious beliefs.

But in 2007, the country saw a major breakthrough when 40 religious leaders from North East Somalia declared their support for polio prevention efforts.

*"We agree with the conclusions of the doctors"*, Hagi Ali Ahmed, a sheikh from Puntland, said in a statement. *"Rumors were wrong. Religious leaders must create awareness in all mosques and among the community"*.

Nigeria is also on its way to becoming polio-free. July marked a year since the country had recorded any new polio cases, NPR reported. There, health workers also contended with deleterious pushback.

Vaccinators were periodically attacked and killed because religious leaders believed their work to be part of a Western plot to sterilize Muslim children.



While health workers have made extraordinary gains in assuaging suspicions in Nigeria and Somalia, religious leaders have recently grown wary of vaccine campaigns in Kenya.

The country's Conference of Catholic Bishops recently [boycotted WHO's polio vaccine campaign](#) until it can verify that there is no presence of oestrogen in the shots, NPR reported. Dr Wahome Ngare of the Kenyan Catholic Doctor's Association accused the organization of introducing female hormone that could sterilize children.

Though health workers and advocates are celebrating Somalia's latest polio milestone, they're not at ease just yet. It will take another two years before the country can officially declare itself polio-free.

*"While today's milestone is extraordinary, it is not an endpoint"*, Crowley said. *"Nigeria and the many other African countries that remain at risk for polio must maintain high-quality surveillance, work ever-harder to improve the quality of vaccination campaigns and act decisively, should further outbreaks occur"*. 🌍

## Why Are Catholic Bishops Boycotting Polio Vaccines in Kenya?

By [Lizbeth Paulat](#)

Source: [Care2.com](#) – 14 August 2015

International health organizations reacted in shock last week after the Conference of Catholic Bishops in Kenya [announced a boycott of polio vaccines](#). This comes on the heels of Africa's first year without a single polio case. The bishops have said they want to carry out more independent testing on the vaccines to make sure they don't contain estrogen derivatives, which they claim are being used to sterilize women and children.

It's a claim that sounds like science fiction, but this issue has been brewing for some time. It started last year when a tetanus vaccination was accused of sterilizing around 500,000 women in Kenya. The Catholic Doctors Association claims that they picked six random samples of the tetanus vaccine from around Kenya and sent it to South Africa for independent testing. They said that when results came back, [30 percent of the vials contained an anti-pregnancy additive](#).

Doctors with the WHO and UNICEF came out insisting the vaccine was safe and government officials backed them up, with the Minister of Health famously saying he'd encourage his own daughter to take the vaccination. Yet for many Kenyans a routine vaccination suddenly looked like a harrowing choice.

There is a mass distrust of vaccinations and western medicine both in Kenya and around different parts of Africa. Unlike U.S. fears about vaccinations (which have all been thoroughly debunked) a sheer mass of unethical medical trials across the African continent have only stoked these flames of fear.

Many on the continent feel that the long history of unethical medical trials and forced sterilizations points to proof of continued conspiracies. Forced sterilization and contraception programs existed in pre-Zimbabwe Rhodesia, Namibia and South Africa. And in case you think this was likely all during the colonial era, it's worth noting that up until 1989 chemical castration and forced sexual reassignment was taking place in South Africa.

And these unethical issues remain until the present day. In 2004 and 2005, women in Cameroon were infected with HIV during a study

on an anti-transmission medication. In 2003, a Ugandan trial for nevirapine, designed to reduce HIV transmission from mother to child, failed to report 14 deaths. And a mid-90s study on an anti-meningitis medication in Nigeria was administered without parental consent and resulted in nerve damage, brain damage and death for a number of children.

This is why when Ebola came to light, and western medical institutions started arriving, many West Africans were suspicious. Many in the U.S. criticized this backlash as silly Africans not understanding what was best for them. Yet what many in the West failed to grasp was the long history of abuse Africans have dealt with at the hands of the scientific community.

The drop in deadly diseases across the African continent is truly commendable and due largely in part to these health organizations and grassroots community advocacy. However, these fears come from very real issues that have plagued societies around Africa since the colonial era.

Because of this, international organizations such as the WHO and UNICEF, should not breezily dismiss these possibilities. Rather they should engage with local communities about their issues. Complete transparency in what is contained in the drug, complete transparency in what the parents can expect and informed consent are all imperative for earning back the trust of these long-exploited communities.

Read more [here](#). 🌍



## Pakistan Hopeful of Eradicating Polio By Next Year

Source: [The Health Site](#) – 8 August 2015

India has been successful in eradicating polio but Pakistan is still striving to do so. But now the country plans to do so by 2016. A Pakistani official has said that a National Routine Immunisation Plan is in the pipeline aimed at permanently eradicating the disease from the country, the media reported on Saturday.

According to official figures, Pakistan had 306 polio cases in 2014, the highest in 14 years and the majority of them were in the Federally Administered Tribal Area (FATA) and Khyber Pakhtunkhwa. So far this year, 24 cases have been reported countrywide. Pakistan, Afghanistan and Nigeria are the only countries in the world which are still battling to eradicate polio.

Minister of State for National Health Services, Saira Afzal Tarar said the comprehensive immunisation plan would be aimed at eradicating

the virus by next year. *"The prime minister has formed a Routine Immunisation Committee of the federal cabinet, comprising three members, including me and the defence minister, to prepare the strategy to permanently eradicate polio from the country,"* she said. She said despite the fact that anti-polio campaigns faced problems in areas where the law and order situation had worsened, a nationwide drive would be launched soon.

She added that 6,000 community health volunteers would be engaged to improve immunisation coverage in low coverage union councils by distributing vaccination cards, giving polio drops to eligible children and advocating with the community on routine immunisation. Attempts to eradicate the disease have been badly hit by militant attacks on immunisation teams since December 2012. Militants claim the polio vaccination drive is a front for espionage or a conspiracy to sterilise Muslims. 🌐

## Supermodel Fighting For Polio-Free World



*Click the image to link to the video*

**By Esha Chhabra**

Source: [Takepart](#)—17 July 2015

**Rotary International ambassador Isabeli Fontana discusses the organization's campaign to eradicate polio.**

Isabeli Fontana's famous face has graced national campaigns ranging from Victoria's Secret to L'Oréal—there's a reason she's on *Forbes'* "World's Top-Earning Models" list—but she's also the face of the cause she says matters to her the most: polio vaccination.

The supermodel was tapped by Rotary International two years ago to become an

ambassador for the Global Polio Eradication Initiative and travelled to India this past spring to see the program in action. Rotary also held its annual convention in São Paulo last month, where Fontana was a keynote speaker on the issue. For Fontana, her goal as ambassador is to get more deeply involved in the campaign and use her family as an example for others to follow.

*"I do more than just lend my image and voice,"* she tells me when we meet for dinner in Delhi one night; she had spent the day helping vaccinate kids and visiting polio patients at St. Stephen's Hospital. *"I took my youngest son to get the oral polio vaccine drops directly from the Brazilian minister of health,"* she says.

**So, Why Should You Care?** India became [polio-free](#) in 2014 after battling the disease for nearly 30 years, but the campaign continues in order to ensure that no new cases emerge. India's neighbours Pakistan and Afghanistan are the two remaining polio-endemic nations in the world. Nigeria, a third nation on the list, is poised to complete one year without any new cases and will be officially listed as polio-free on July 24. India has been used as a reference point—an example from which to draw lessons—for these other nations that are still battling the virus.

Read the full interview [here](#). 🌐

## Polio This Week

**Source:** [Polio Global Eradication Initiative](#)—as of Wednesday 26 August 2015

### Wild Poliovirus Type 1 and Circulating Vaccine-Derived Poliovirus Cases

Total cases	Year-to-date 2015		Year-to-date 2014		Total in 2014	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	37	10	145	31	359	55
-in endemic countries	37	1	128	31	340	52
-in non-endemic countries	0	9	17	0	19	3

### Case Breakdown by Country

Countries	Year-to-date 2015		Year-to-date 2014		Total in 2014		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Pakistan	29	0	115	16	306	22	30-Jun-15	13-Dec-14
Afghanistan	8	0	8	0	28	0	17-Jul-15	N/A
Nigeria	0	1	5	15	6	30	24-Jul-14	16-May-15
Somalia	0	0	4	0	5	0	11-Aug-14	N/A
Equatorial Guinea	0	0	4	0	5	0	03-May-14	N/A
Iraq	0	0	2	0	2	0	07-Apr-14	N/A
Cameroon	0	0	5	0	5	0	09-Jul-14	N/A
Syrian Arab	0	0	1	0	1	0	21-Jan-14	N/A
Ethiopia	0	0	1	0	1	0	05-Jan-14	N/A
South Sudan	0	0	0	0	0	2	N/A	12-Sep-14
Madagascar	0	9	0	0	0	1	N/A	07-Jul-15

[Circulating vaccine-derived poliovirus](#) cVDPV: Madagascar is cVDPV1, all others cVDPV2. NA: onset of paralysis in most recent case is prior to 2014. cVDPV is associated with  $\geq 2$  AFP cases or non-household contacts. VDPV2 cases with  $\geq 6$  ( $\geq 10$  for type1) nucleotides difference from Sabin in VP1 are reported here.

This week, Pakistan will become the second polio-endemic country to introduce the inactivated polio vaccine (IPV) into its routine immunization system. More than half the global birth cohort is now receiving at least one dose of IPV through routine immunization systems as a result of the biggest globally synchronized vaccine introduction in history.