



Polio Oz News

June 2020 – Winter Edition

My Reflections In The Time Of Coronavirus

By Joan Smith

It is too hard for me to adequately comprehend this world-wide pandemic of COVID-19. We are presented daily with tallies of infections and deaths and news film of countless destitute people around the world, social isolation, loss of employment and starvation. Such devastation. I feel so fortunate to live in Australia.

Personally, I have re-visited memories of my childhood days of the polio epidemic of 1952, to try to better understand other people's experiences of today.

Back then, my isolation as a three-year-old child meant no contact with my family for months on end, punishing physio, bandaged into splints and no ability to play as other children enjoyed.

Of course, there were no televisions, mobile phones or any of the communication technology we take for granted today.

In contrast, from my own perspective, I have actually appreciated some aspects of today's changes to everyday life in our personal lockdown.

While everyone must practise *Social Isolation* this time around, I have really enjoyed the guilt-free ability to slow down. I love the quiet days without structure and obligations.

The skies are so blue with reduced pollution, and our roads and neighbourhood are quiet. I have little need of large shopping centres, enjoying leisurely visits to local small businesses for the essentials.

Many younger ones are learning to home cook in their extra time. There is also so much technology to help us to shop and catch up with friends. I have even learned to use Zoom and Skype, surprising my family with video calls. Just a few weeks ago, I didn't even have such terms in my vocabulary.

I have read twelve books, made dozens of cards, and enjoyed the sunny days in our garden, shared only with so many happy birds and my husband.



As we cautiously move towards our 'normal' lifestyle, I hope that some of our adaptations will continue into the future. However, my greatest joy will be to hug my family and close friends again.

Just to wind up these reflections of mine, I say a big thankyou to my grand-daughter who has been working very long days in her nursing vocation – our own hero. Stay well and warm all my fellow polio survivors as we look to our new world. 🌈

Polio Australia

Representing polio survivors
throughout Australia

Suite 605, 89 High Street
Kew Victoria 3101
PO Box 500
Kew East Victoria 3102
Phone: +61 3 9016 7678
office@polioaustralia.org.au

President—Gillian Thomas OAM
gillian@polioaustralia.org.au

Acting Vice President
—Peter Wierenga
poliosa.office@gmail.com

Secretary—Gary Newton
gary@polioaustralia.org.au

Treasurer—Alan Cameron
alan@polioaustralia.org.au

Editor
Maryann Liethof
editor@polioaustralia.org.au

Inside this issue:

My Reflections	1
President's Report	3
From The Editor	3
Potential Telehealth Clinic	4
Looking For A Support Group?	4
What Is Polio Australia Doing?	5
Webinar Series On Facebook	6
State of Residence Characteristics	7
Aged Care Reg Submission	8
Welcome Paulette Jackson	8
Supporting Polio Australia	9
Two Infectious Diseases	10
Past Polio Epidemics	12
Polio Epidemics Provide Lessons	13
Fleeing Polio On Wings	14
TWiV 604: Oral Poliovaccine	14
PHI's New Website	15
Polio Australia Supporting WHO	16
Polio Was Almost Eradicated	17
There's A Silver Lining	19
Polio-era Epidemiologist Warning	21
Free Wheelchair Services	21
Polio This Week	24
Polio Australia Factsheets	24

**“Don't count the days;
make the days count.”**
~ Muhammed Ali ~

Polio Australia's Websites

Polio Australia

Representing polio survivors throughout Australia



Welcome to the Polio Australia website. Polio Australia is a not-for-profit organisation supporting polio survivors living in Australia. This website contains information about polio, the Late Effects of Polio, the work of Polio Australia and much more.

www.polioaustralia.org.au

Polio Australia

Improving health outcomes for Australia's polio survivors



The Polio Health website is a comprehensive resource for both health professionals and polio survivors. It contains clinically researched information on the Late Effects of Polio; the Health Professional Register; and where Polio Australia's Clinical Practice Workshops for Health Professionals are being held.

www.poliohealth.org.au

Australian Polio Register

Have you added your polio details?



The Australian Polio Register was established by Polio Australia in October 2010 to gather information on the numbers of polio survivors living in Australia today, whether or not they contracted polio in this country. To make the Australian Polio Register truly reflective of the unmet need for polio services throughout Australia, we urge every Australian polio survivor to join the Polio Register. Our strength lies in our numbers – please help us to get you the services you need by adding your polio details to the Register. You can register online or by downloading and completing a [paper copy](#).

www.australianpolioregister.org.au

Polio Australia

Honouring Australia's polio survivors - "We're Still Here!"



Polio Australia's "We're Still Here" website is a hub for sharing people's stories, polio survivors in the media, polio awareness raising campaigns, events of interest, Rotary talks, and so much more. It is constantly being updated, so check in often.

www.stillhere.org.au

President's Report



Gillian Thomas OAM

In 1966 Robert F Kennedy delivered a speech that included the following: *"Like it or not, we live in interesting times. They are times of danger and uncertainty; but they are also the most creative of any time in the history of mankind."* Those sentiments are just as true today, if the different ways of working that have developed across Australia, including telehealth

and widespread video conferencing, are anything to go by.

Polio Australia is no exception. Although all staff have been working from home, and both local and interstate travel has necessarily been on hold, this *Polio Oz News* shows that our team has certainly not been idle and has been very creative in finding ways to keep the communication lines open with polio survivors and health professionals alike.

To help support our staff as they work remotely, Treasurer Alan Cameron, Maryann and I are joining them in monthly video conferences. The Board and its Sub-Committees are now also holding video conferences for their meetings,

rather than the usual teleconferences.

As well as its usual activities, the Board has been busy finalising a position statement on the inequity of the NDIS ban on those over the age of 65, with a media release and further advocacy on this issue in the pipeline. The Finance Sub-Committee is developing further strategies to raise funds to ensure Polio Australia's ongoing viability, while our Risk Management and Governance Sub-Committee is completing work on our risk management policy and procedures.

Finally, it is with great regret that the Board recently accepted the resignation due to ill health of Brett Howard, South Australian representative and past President of Polio SA. Brett has been a valued part of the Board since October 2010, and for the majority of the time he has been a member of the Executive, first as Treasurer and then as Vice President. In these roles he has performed vital services for Polio Australia, and has been a great support to me personally. Brett has always willingly taken on any task in support of our activities. I will miss sharing a bottle of Barossa Valley red with him when we met in person at Polio Australia AGMs. Peter Wierenga, South Australia's second representative, has since been elected as Acting Vice President until our AGM in October. 🌈

Gillian

From the Editor



Maryann Liethof
Editor

Well, hasn't a lot changed since the last edition of *Polio Oz News*! Throughout this edition, you can read various articles on how COVID-19 has changed our lives and our world.

Joan's "Reflections" article (p1) is actually quite a positive take on how the pandemic has carved out some guilt free

down time for many — me included!

It seems I picked a good time to 'retire' from the office workspace, considering the Polio Australia team is currently working from home. However, as Steph reveals (p5), they have been highly productive in spite of the lockdown. In this age of technological wizardry, the staff have been able to keep busy with emails, social media, videos, virtual meetings, and more.

Michael reports on his project idea for a potential telehealth specialist clinic to support polio survivors across Australia (p4). He has also been hosting a professional webinar series that can be accessed through Polio Australia's Facebook page (p6).



Polio Australia recently welcomed Paulette Jackson to the team (p8); and readers can share their thoughts on the need for registering or screening aged care workers for a submission to the Department of Health (p8).

The link between polio epidemics and the COVID-19 pandemic is highlighted in a couple of excellent Australian articles: *Two Infectious Diseases That Changed The World* (p10), and *Past Polio Epidemics* (p12).

However, with US President, Donald Trump's, decision to withdraw funds from the World Health Organisation, the ongoing polio eradication program has been dealt a serious blow. Polio Australia wrote a letter of support for WHO to Australia's Prime Minister, Scott Morrison, which precedes a detailed article on the risks posed by cutting funding to this vital program (p16 and 17).

Thankfully, the "Silver Lining" (p19) and "Free Wheelchair Services" (p21) articles end this edition on a more uplifting note.

The start of winter in Melbourne has been a cliché of cold and wet. I'm enjoying my warm house, track pants, and access to hot beverages. Who needs to go out? Just sit back and read . . . 🌈

Maryann

Potential Telehealth Specialist Clinic for LEOp



By Michael Jackson
Clinical Health Educator

A grant opportunity that came to our attention in March 2020 was the Ideas Grant 2020 – a National Health and Medical Research Council (NHMRC) grant. The NHMRC is Australia's leading investor in health and medical research. This particular grant provides funding for projects and research on health topics of community concern.

This type of grant presents an opportunity to think big about the larger barriers we encounter in ensuring polio survivors across Australia are obtaining what they need. In this instance, the topic of *accessibility to specialist clinics for regional polio survivors* arose.

While there are traditional (in-hospital) specialised polio clinics in some capital cities, these clinics are not evenly distributed geographically nor reasonably accessible to regional polio survivors. The consistent utilisation of existing polio clinics, and the known barriers for polio survivors at the GP point of care, indicate a telehealth model polio clinic may be more cost effective in reaching regional polio survivors and their GPs. Further, regional survivors may experience less physical strain and symptom exacerbation by using telehealth.

Telehealth as a mode of healthcare delivery has been on the rise for several decades in Australia. It is already being utilised across regional Australia for a variety of health conditions. With the arrival of COVID-19, telehealth services have seen an uptick in utilisation and funding.

In consulting with the Polio Australia Board and Clinical Advisory Group in April, an outline was

developed and discussed for a telehealth project.

Our plain language summary of a project that would enable increased specialist clinic access to polio survivors nation-wide, is as follows:

Australian polio survivors can get complex symptoms called Late Effects of Polio. These reduce survivors' quality of life and ability to function. Specialist clinics are an ideal way to manage such a condition. In Australia, the six city clinics are not practical to attend for many polio survivors.

We propose a telehealth clinic model that can assess a survivor living anywhere in Australia. The clinicians would consult via phone or video with the survivor, and then conference remotely to make their decisions. The team would provide the survivor's GP with an expert-informed care plan and educational materials.

The existing post-polio clinics scattered across the country serving polio survivors are the ideal model of multidisciplinary care. Nothing can beat face-to-face interaction between a polio survivor and specialist clinicians. The proposed telehealth clinic would act as a supplement to these existing clinics. It would operate on a broader level to serve those who could not easily access traditional post-polio clinics.

While we were not able to secure the institutional backing or project leadership needed to apply for the Ideas Grant 2020, we did receive input and interest from potential contributors. The grant opportunity that presented enabled the idea to move forward. There is support for implementing a pilot telehealth clinic. We will pursue the idea on that scale.

If you would like to comment on this project please contact michael@polioaustralia.org.au. If you feel you would be a candidate for using this model of clinic, please state such in an email to advocacy@polioaustralia.org.au. 🌟

Looking for a support group?

In the recent survey of polio survivors' interactions with medical professionals, many people indicated that they were interested in joining a support group but weren't aware of one in their area.

If you're not yet a member of your state network, please visit:

www.polioaustralia.org.au/support-and-services

and click on your state on the map. This will take you to the contact details of your state network. Give them a call to enquire about membership and find out if there's a support group near you.

And hey, if there isn't, why not consider starting one? Get in touch with your state network to find out how. 🌟



What Is Polio Australia Doing In These Isolated Times?



By Steph Cantrill

Community Information Manager Programs

Like many, many other people across the country (and the world), the staff of Polio Australia have been working from home. While this is just the standard mode of operation for some of us, others have had to make some adjustments. I

must say, I have adjusted quite well to wearing trackies and ugg boots to work ...

While the team is used to being spread across the country to some degree, things are definitely different. Community Information Sessions, Clinical Practice Workshops, face-to-face meetings – all are on hold at the moment, and we've had to get a bit creative!

So what on earth are we doing? Well, here's a summary of how we've been spending our time:

Phone and Email

Answering enquiries that come in via email or phone is continuing as usual. It gives us great satisfaction to be able to provide information to people who have been desperately seeking answers to their post-polio questions.

Printed Resources

Our 20 most-requested fact sheets have now been printed in bulk, with a share being distributed to each state. If you would like to access a particular fact sheet in printed form, please contact your state network or Polio Australia. (See p24 for link to Fact Sheets.)

Social Media

We are trying to keep the community informed and (at times) entertained through our Facebook, Twitter and LinkedIn accounts. We're sharing videos, articles and stories on a range of topics. If you're not already connected with us through social media, please join us!

- To "like" our **Facebook page**, go to www.facebook.com/PolioAustralia
- To join our **Facebook group**, go to www.facebook.com/groups/PolioAustralia/?source_id=315670380164
- If you're younger (say 50 years and under), come and join our **Next Generation group** www.facebook.com/groups/NextGenPolioSurvivors/?source_id=315670380164
- Our **Twitter** account is twitter.com/PolioAustralia

So you've got plenty of options to stay in touch in these times of social distance!

Videos

If you already like us on Facebook, you will have seen some new videos floating around. We're trying to use this medium as an opportunity to share some self-management strategies for post-polio symptoms, as well a chance for the team to introduce themselves and share a bit about what we're up to. Over the coming weeks, we will also share some videos that have already been made but not previously shared. Topics include: assistive technology, sleep and breathing, pain, and managing emotions. Watch out for videos, new and old, on our Facebook page over the coming weeks.

Virtual Meetings

We may not be able to meet face-to-face, but we can still gather! We're in the process of setting up some virtual community meetings via Zoom. We'll be using these meetings to connect people in a particular geographic area, and to allow people to share and learn about how they manage the Late Effects of Polio. Michael, our Clinical Educator, will also share a bit about his role in educating health professionals.

We're starting with a session for people in or near Port Macquarie, and we'll spread across the country as time goes on. Watch out for a session in your area! (See p6)

Advocacy

We recently sent a letter to the Prime Minister, commending his decision to continue support for the WHO despite the US withdrawal of funds, and urging him to keep polio eradication on the radar. This letter has been shared as an image on our Facebook page.

The Assistive Technology for All (ATFA) Alliance, of which Polio Australia is a member, is continuing the campaign for fairer access to aids and equipment for those not eligible for NDIS funding. If you haven't already, we'd love you to sign the petition here:

<https://assistivetechforall.org.au/take-action/>

We are also involved in some other joint advocacy projects, including a statement of support for Telehealth and widening this service in the future.

Planning

And, of course, we're planning for the future! When things get back to, well, whatever normal is going to look like, we'll be ready to hit the road again. Clinical Practice Workshops will continue when health services are ready. A conference in Brisbane for polio survivors and their families is being planned for the 23rd of October. And I will be heading to Northern NSW for Community Information Sessions in Ballina, Coffs Harbour and Port Macquarie in November. If and when it is safe for us to proceed, we will slowly return to gathering in person. Which means I'll need to get out of my ugg boots! 🐾

Professional Webinar Series On Facebook

By Michael Jackson
Clinical Health Educator

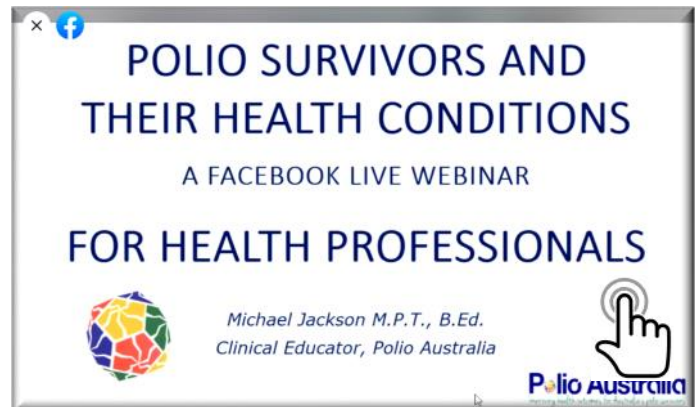
The COVID-19 Pandemic brought Polio Australia's clinical practice workshops to a halt in March this year. The restrictions placed to contain the spread of the virus limited the workshops in two ways: we were not able to travel to deliver the scheduled workshops, and most host facilities placed holds on facility access and their non-COVID-19 education programming.

One of our many interim projects was the development of a four-part webinar series directed at health professionals. While we could not deliver workshops in person, we could utilise other media platforms to deliver some of the information from the workshops.

The webinar series is titled "*Polio Survivors and their Health Conditions*", and it was delivered on Polio Australia's Facebook page via the LIVE feature over two weeks, starting in the last week of May. The four sessions were about 45 minutes in length and covered foundation information and concepts from our workshop information.

We utilised targeted advertising to health professionals on Facebook and LinkedIn before and during the series. The format for each webinar was a 10-slide presentation with Q&A time, with a learning reflection form linking the series together. The finished series will have subtitling and language translation added, and it will be added to our YouTube channel.

Each webinar topic was delivered five times on the scheduled day, and the 'best' version was then tidied up and saved on Polio Australia's



Facebook page. This frequency allowed for different time zones to tune in at a variety of times. Polio survivors are most welcome to view the series and we encourage you to direct your local healthcare practitioners to the recordings of the webinars.

Recordings can now be found on Facebook at: [Polio Australia/Videos/Playlists/Webinar Series: Polio Survivors and Their Health](https://www.facebook.com/PolioAustralia/videos/playlists/webinar-series).

These webinars are not a substitute for the clinical practice workshops, however, they do serve as another entry point to post-polio health conditions for health professionals and as an introduction to our polio survivor population.

Our workshops have the advantage of real-time flexibility in discussion, a focus on information pertinent to the audience's profession, an emphasis on assessment and treatment (this being limited in the webinars), and interaction with a local Lived Expert polio survivor. 🌟

Zoom Meetings For Polio Survivors

Join us for a virtual meeting! Includes:

- Meet and greet with other polio survivors in your region (partners also very welcome!).
- Brief discussion and overview of the Late Effects of Polio.
- Learn about Polio Australia's health professional education.
- Numbers are capped at 20 per session, but don't worry if you miss out! We will certainly arrange more if we reach the maximum in your state or region.

Dates and regions for the sessions are:

- Monday 15th June, 10.30am – **North NSW and Queensland**
- Tuesday 16th June, 10.30am – **Victoria**
- Thursday 18th June, 10.00am – **SA and NT**
- Friday 19th June, 10.30am – **Tasmania**
- Monday 22nd June, 10.00am – **WA**
- Tuesday 23rd June, 10.30am – **NSW and ACT**

It's easiest to join a Zoom meeting with a smartphone, tablet or computer, and works best with the Zoom app. You can also call in from a phone – talk to me if you haven't done that before and want more info.

To register for a session, please contact me on steph@polioaustralia.org.au, or call 0466 719 613. 🌟

State of Residence Characteristics of Australian Polio Survivors in 2020

M.Jackson, M.P.T. B.Ed., Clinical Educator, Polio Australia, Kew, AUSTRALIA.

INTRODUCTION

Those who survived polio in Australia display heterogenic levels of disability. Later in life, polio survivors can endure a spectrum of symptoms known as the Late Effects of Polio. Heterogeneity within the survivor population is also expected based on macro environment - state of residence.

This descriptive study serves to identify the similarities and differences between state populations of Australian polio survivors. Three categories were examined:

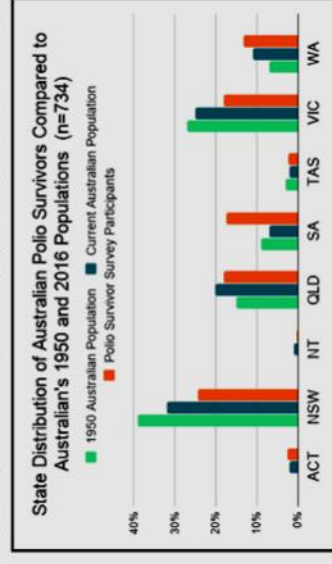
- population and representation
- aspects of health
- service impressions

METHODS

An electronic survey was distributed to Polio Australia's contact list in December 2019, and was available for two months. 29 mandatory closed-ended questions and three optional open-ended questions were asked in the survey. Data was collated, filtered, and correlated to provide insight on how survivors are positioned as a state group.

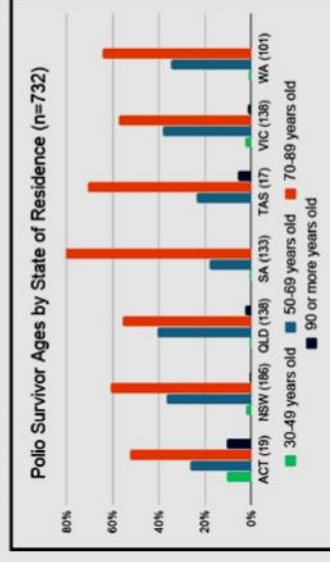
RESULTS

POPULATION AND REPRESENTATION: 734 survivors responded to the survey. NSW, QLD, SA, VIC and WA were each represented by over 100 Late Effects of Polio symptomatic polio survivors. ACT and TAS had <20 responders each, NT had 2. SA was overrepresented (+10%) compared to Australian state population ratios, while NSW and VIC were underrepresented (-7% each). All states had distinctly

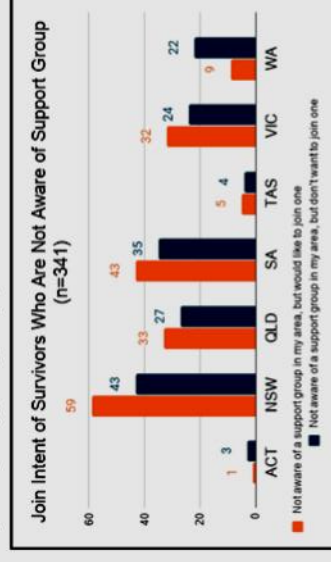


more (19-79%) metropolitan than regional respondents, except NSW and QLD (1-10%). SA had a larger proportion of older respondents, with 4 in 5

(81%) being in the 70 to 89 years age bracket. Other states had 3 in 5 in that age group (mean of 60%).

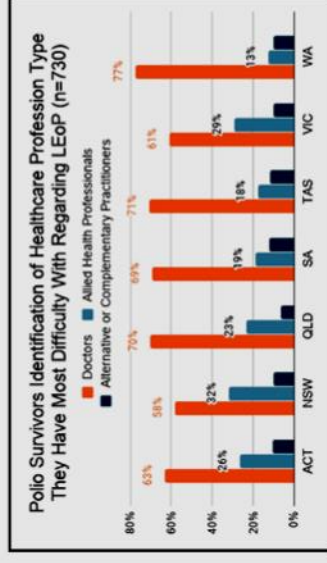


ASPECTS OF HEALTH: All states except QLD had 'no chronic diseases' as the most frequent chronic disease load. Compared to the Australian population, respondents to this survey had an almost inverse chronic disease profile. WA and the ACT were not biased towards interest in joining support groups, but all other states were. When

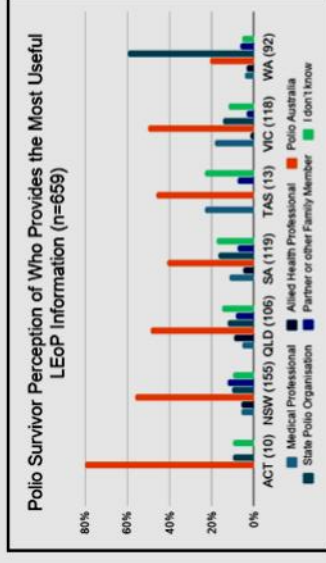


challenged to change Late Effects of Polio risk variables states shared consistent positions (mean variance $\pm 3\%$), except for TAS which had a willing bias (mean +18%) and the ACT which had an aversion bias (mean -9%).

SERVICE IMPRESSIONS: WA had a 6:1 response ratio identifying doctors causing more care interaction difficulty with Late Effects of Polio care, than allied health professionals. NSW and VIC had the lowest ratio at 2:1 for the same care difficulty sources. TAS was considerably more satisfied (3.3/4 score) than other states (2.5-2.8/4) regarding GPs providing adequate appointment time to address LEOp concerns. Appropriate referrals were closely



tied to states' satisfaction with their GPs. TAS (2.9/4 score) had slightly higher satisfaction levels than other states (2.5-2.7/4). All states but one had a strong preference (41-80%) towards Polio Australia being the provider of the most useful Late Effects of Polio information. WA's preference was towards their state polio organization (60%).



CONCLUSIONS

Group differences based on polio survivor state of residence are apparent from this survey. This information may be useful for Australian state polio organisations to address the contentions and/or needs of their polio survivors. Polio Australia can utilise this information to guide resources and education, and to support states.

REFERENCES

1. Australian Bureau of Statistics - <https://www.abs.gov.au/>
2. Australian Institute of Health and Welfare - <https://www.aihw.gov.au/>
3. British Polio Fellowship General Practitioner Survey - <http://www.britishtopolio.org.uk>
4. Headley, J. (Fall 2014). Post-Polio Medical Care: Post-Polio Specialists and Primary Care Physicians
5. Westbrook, M. (January 1991). Findings of the Polio Survivors and Their Health Survey.

Aged Care Registration Or Screening?

Your thoughts: aged care registration or screening?

The Department of Health is currently seeking consultation from the community about the need for registration or screening of aged care workers.

One reason for this is to avoid having unsuitable aged care workers simply moving from one employer to another rather than being screened or required to meet a set of standards.

Another is the concern that abuse, neglect or poor quality care are allowed to continue without proper procedures in place.

Polio Australia is working on a submission, and we would appreciate your help.

To respond to any or all of our questions below, please email steph@polioaustralia.org.au. If you prefer, you can call Steph directly on 0466 719 613.

- Have you or a family member had assistance from aged care workers, either in residential aged care or in-home care?
- How confident do you feel that you are getting quality care from either residential or home-based aged care workers?
- What competencies do you think are required for people working in aged care?
- What do you think about either:
 - * A registration system for aged care workers, including minimum qualifications and mandatory ongoing training; or



- * A screening system for aged care workers, including screening for criminal history, complaints and disciplinary findings?
- Would you be happy to be quoted in our written submission? If yes, would you prefer your quote to be anonymous?

To view the consultation paper and submit your own response (either by completing a survey or as a written submission), go to the [Aged Care Worker Regulation Scheme Consultation](#) page on the Department of Health website. 🌐



Australian Government
Department of Health

Welcome Paulette Jackson



My name is Paulette Jackson, and I am the part-time Administrative Officer for Polio Australia. Having joined the Polio Australia team 2 months ago, I wanted to say hello and introduce myself. My role includes supporting the Clinical Educator and assisting with the Clinical Practice Workshops for health professionals. My husband, Michael, is the Clinical Educator for Polio Australia, so work meetings are convenient.

Michael and I lived and worked in the United States for before relocating to Australia to be closer to his family. We arrived in June of last year, and it has been an adventure. One of the biggest challenges for me has been learning how to drive on the left side of the road!

While in the United States, I worked primarily as an exercise physiologist and registered nurse. Early on in my education I became interested in the cardiac population and spent the majority of my career working in the cardiac rehabilitation setting. I find it rewarding to help others achieve their health goals.

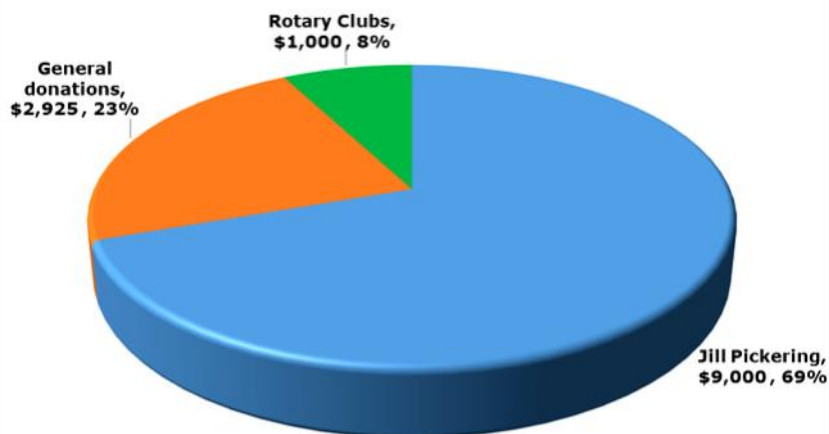
Joining the Polio Australia team has already been rewarding. This is a phenomenal organisation with a highly motivated team. I have especially enjoyed learning more about polio, the late effects of polio, and how Polio Australia assists in reducing the gaps in healthcare services for this population. I look forward to meeting you should we cross paths at a conference or polio event in your area. 🌐

Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 March 2020 to 31 May 2020. Without you, we could not pay our rent, core operating expenses, or management staff!

If you would like to see how your 'living bequest' can support polio survivors now, click on the following link: www.polioaustralia.org.au/donations-bequests/ or contact the Polio Australia office on Ph: 03 9016 7678 or Email: contact@polioaustralia.org.au.

Donations - March to May 2020



Comments

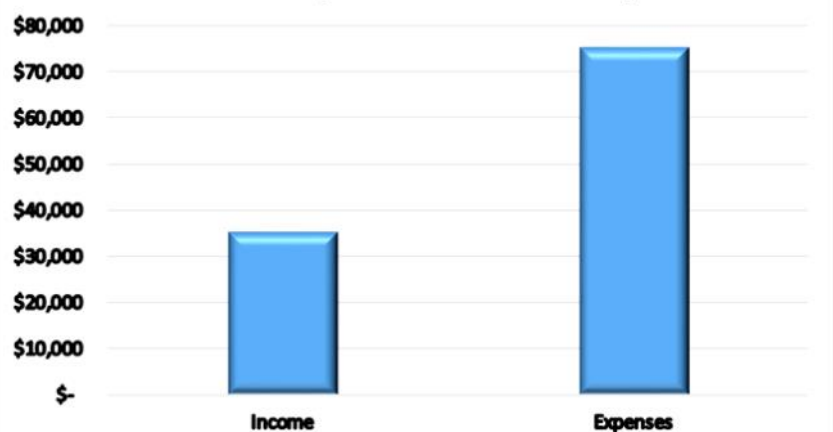
Total income for the quarter March to May 2020 was \$35,458. The two main components of this income were:

- Donations \$12,925 (see graph above)
- Government support during COVID-19 \$22,000

The government support comprised:

- Job Keeper \$12,000 (this is \$1,500 per fortnight x four staff)
- Cash Boost \$10,000. Two further payments of \$5,000 each will be received in each of the next two quarters.

Income and Expenses - March to May 2020



Total expenses for the quarter were \$75,376. These were three main components to these expenses:

1. Expenditure for the DOH (Department of Health) grant \$29,352. This includes salaries for two staff (1 x FTE and 1 x 0.5 FTE).
2. Expenditure for the community outreach to polio survivors \$21,235. This includes salary for one staff (1 x 0.9 FTE).
3. Expenditure for overhead expenses for running the main office as well as two part-time office staff \$15,914. Staff comprise 1 x 0.52 FTE and 1 x 0.24 FTE. Rent for the quarter was \$2,604 (excluding GST).



Two Infectious Diseases That Changed The World

By Larissa Romensky

Source: www.abc.net.au

— 4 April 2020

Polio survivors see in coronavirus era levels of fear not seen since poliomyelitis epidemics — ABC Central Victoria

Polio survivors have noted striking similarities between the series of 20th-century epidemics and today's coronavirus — two very infectious diseases that changed the world.

Key points:

- Groups supporting those affected by polio 1911-1988 say the coronavirus is bringing back memories for many survivors
- Of the several polio epidemics that occurred in Australia the most notable happened in the late 1930s and early 1950s with about four million infected with the virus
- Survivors have written to governments pleading "not be subject to enforced euthanasia through failure to provide best-practice treatment" during COVID-19's spread
- During the height of the polio epidemic in parts of Australia, state borders, schools, pools, and theatres closed, and travel restrictions and quarantine measures were introduced.
- Newspapers published daily case numbers and deaths.
- Sound familiar?

Gillian Thomas, president of Polio Australia, said the coronavirus crisis brought back memories for many survivors of poliomyelitis.

Known as 'the silent epidemic', the highly infectious viral disease struck people out of nowhere and moved silently throughout the community.

"The population was really scared of it because they didn't know how they were getting it," Ms Thomas said. *"You just didn't know who it was going to strike next."*

Those infected were left isolated from the community and often stigmatised. *"People would cross the streets to get away from someone because they were scared to go near them,"* Ms Thomas said.

She said today polio has *"totally passed out of the consciousness of Australians"* because of the success of its vaccination program in the mid-1950s. *"I think people get a little bit blasé about this and I think Australians have been ill-prepared for this coronavirus pandemic,"* Ms Thomas said.

Watching From Behind The Glass

Polio was first recognised as a notifiable disease in Tasmania in 1911, with the rest of Australia following in 1922.

Of the several polio epidemics that occurred in Australia the most notable ones happened in the late 1930s and early 1950s.

It was a disease that mainly affected children under five years of age.

The virus attacked the motor neurons that relayed messages from the spinal cord to muscles, often leading to muscular degeneration and in some cases paralysis.

Ms Thomas contracted polio in 1950 when she was 10 months old and was put in isolation. Her mother would stand outside the ward and watch her two daughters from behind the glass. The next few years were spent in hospital, away from her family.

"I was left with both legs paralysed along with one arm and wore callipers," Ms Thomas said, who now uses a wheelchair.

But she was one of the lucky ones as some of those severely affected were placed in an iron lung, an artificial respirator, some for the rest of their lives.

According to the World Health Organisation 1 in 200 infections led to irreversible paralysis. Among those paralysed about 5 to 10 per cent died when their breathing muscles become immobilised.

It has been estimated that about four million Australians were infected with the virus, with about 20,000 to 40,000 developing paralytic polio between 1930 to 1988.

Royal Handwashing Breakthrough

Medical historian and author Kerry Highley said when her book *Dancing in my Dreams: Confronting the Spectre of Polio* came out five years ago, she was hard pressed to think of another time in history when Australians have felt that level of fear — until now.

Polio was a disease feared worldwide but was more prevalent in affluent countries with the highest incidence recorded in Denmark, Sweden, Switzerland, Canada, Australia, and the United States.

With no idea as to what caused polio, or how it was transmitted, there was no shortage of theories about transmission — including one theory the virus entered the body through the nose which prompted many people to wear camphor balls around their neck.

Dr Highley said one of the breakthroughs came when the Queen visited Western Australia in

Two Infectious Diseases *(cont'd from p10)*

1954 as concern of excessive handshaking prompted a public health message.

"Somebody came up with the bright idea of issuing every child with a bar of soap and a towel, so they were told to wash their hands frequently throughout the day as they lined up to see the Queen go past," she said.

"They saw there was this marked drop [in the incidence of polio] and they realised there was this possible connection between this handwashing and the fact that the numbers were dropping in WA."

Eventually, it was discovered that polio was contracted through infected faecal matter entering the mouth, usually via someone's hands or an object.

An effective vaccine became available in Australia in 1956, developed by American medical researcher and virologist Jonas Salk and his team in 1954.

Dr Highley said it changed the course of the world. *"I'm sure it will be exactly the same feeling when a vaccine is developed for the coronavirus, which it will be," she said.*

Post-polio Survivors More At Risk

With [tens of thousands of] polio survivors in Australia the pain and fear continues today, according to Post Polio Victoria (PPV) President Shirley Glance OAM. Especially now in light of this coronavirus.

Many of those afflicted with polio in the 1950s

are now experiencing a range of symptoms recognised as post-polio syndrome (PPS).

The symptoms can include muscle weakness, pain and fatigue, with some people developing severe neurological symptoms.

With the elderly already more vulnerable to coronavirus, there is also an additional fear felt by many polio survivors.

"We've battled through this far, and we want to stay alive," said PPV member, Peter Freckleton.

In a letter to the Prime Minister and Federal and state health ministers on behalf of polio survivors from PPV, polio survivors insist on being given full treatment if infected with COVID-19, including the use of ventilators.

"Moreover, PPV insists that polio survivors not be subject to enforced euthanasia through failure to provide best-practice treatment, or other way," the statement said.

A senior rehabilitation physician and perhaps one of Australia's best PPS specialists, Stephen de Graaff, said if post-polio survivors were to contract COVID-19 they were at more risk of serious illness.

He said about 40 to 50 per cent have restrictive lung disease causing a respiratory compromise.

"Their lung capacity isn't as great so they can't move the air as well as an unaffected individual," Dr de Graaff said.

Read full article [here](#).



PHOTO: The polio ward at Ballarat Base Hospital in regional Victoria. (Image Supplied: Dr Kerry Highley)

Past Polio Epidemics

What Australia Can Learn From Its Past Polio Epidemics

Excerpts from Good Weekend

By Amanda Hooton

Source: www.smh.com.au—11 April 2020



Joan Ford [pictured above], 77, is a fragile-looking woman with blue eyes, fine features, and an air of hidden steel. Gathering lunch things in her big, light-filled house on Sydney's eastern beaches, she's quietly competent. But she limps noticeably, and she needs both hands to lift her glass of water.

Both these physical details – and perhaps the steel, too – are the results of the events of May 7, 1949. Six-year-old Ford was on the bus on her way home from school in Garden City in Port Melbourne when her legs stopped working. When she tried to get off, she collapsed. She'd caught polio in one of the last great epidemics of the disease in Australian history. That year, about 750 people were paralysed in Victoria, and more than 1600 across Australia.

In Australia between the 1930s and 1960s, some 2000 people were killed by successive polio epidemics, and more than 40,000 were paralysed. Until recently, figures like these have been impossible to connect to our own lives: if we think of polio at all, it's only as a kind of distant horror story from medical history.

But now, caught in our own global pandemic, many of the details of polio feel eerily similar to those of COVID-19. Both illnesses are highly infectious; those stricken with polio, like COVID-

19, often present with fever and flu-like symptoms that are hard to define.

The most important health advice offered by governments during polio outbreaks was to avoid others and wash your hands frequently; people were told to stop shaking hands or touching each other. Schools were closed for months on end, as were beaches, swimming pools, shops, cinemas, churches. Economies of towns and states shrank during polio outbreaks, though polio was more local than COVID-19 in its effects: because people travelled so much less, outbreaks tended to occur in isolated clusters.

As with COVID-19, polio rumours were rife: who caught it, how to cure it, what treatment worked best. But, just like COVID-19, no rumour could compete with the truth: that anyone could catch it, and nothing could cure it – for better or worse, the disease had to run its course.

Polio was treated with equipment that sounded more suited to a gothic dungeon than a 20th-century hospital – iron lungs, metal braces, wooden crosses, ratcheted splints, steel screws – but ironically, the world's first ICU units and ventilators, now the last and most significant redoubt of COVID-19 treatment, were [invented to ventilate polio patients in the 1950s](#).

Of course, polio and COVID-19 are very different diseases. But perhaps the most significant difference, from a human perspective, is this. As far as the science so far can tell, the novel coronavirus hits older people particularly hard. Polio, conversely, most often hurt the youngest. The victims of polio were overwhelmingly children, and overwhelmingly under 10.

Just as we hope for in the case of COVID-19, the defeat of polio came via a vaccine. Mass vaccination of children began in Australia in 1956, and within a handful of years the disease had all but vanished. Or so we believed. But the seminal lesson of horror stories is that the monster never really dies.

Australia, you might think, is a good place to get these kinds of support, because unlike almost all other countries, we have a specialised disability service, the [National Disability Insurance Scheme](#) (NDIS), established in 2013. After all, polio is arguably the most notoriously disabling disease of the 20th century: the NDIS might have been designed for it.

But as it turns out, this is not the case. When it comes to the NDIS, virtually nobody who suffered and survived polio in Australia, and is still alive today, is even eligible to apply.

[John] Tierney saw first-hand the way polio survivors were excluded from the NDIS.

Past Polio Epidemics *(cont'd from p12)*

And not just polio survivors. In fact, not a single person in Australia aged 65 and over can apply for the NDIS. This is blatant age discrimination, as even the government recognised: Australia's [Age Discrimination Act](#) had to be amended to allow the passage of the NDIS legislation. But as Tierney points out, *"other disabled groups are spread across different ages. With polio, since we're almost all over 65, or only recognised we had these late symptoms after 65, the entire cohort is ineligible!"*

At the time, the justification for this discrimination was that the over-65s didn't need the NDIS, because they would be supported through the aged-care system. As government documents from the time put it, older people with disabilities would be simply incorporated as part of a *"seamless transition through the different phases of life"*.

Greens Senator Rachel Siewert, whose portfolios include ageing and community services, and who fought in vain for polio survivors' inclusion in the NDIS, says this isn't true. *"What a joke,"* she laughs. *"No. Not now, no. Absolutely not."*

Aged care, in this context, refers to Home Care packages: fixed amounts of money (starting at about \$8000) given to eligible over-65s to help them remain living at home. They are typically used for assistance with the likes of meals, domestic chores and personal hygiene. But the very highest level of payment in a package is about \$51,000 annually. Amounts are capped, and often require the recipient to make means-tested contributions. The NDIS, by comparison, is not means-tested, has no cap, and if you join

before 65 and remain, pays people an average of \$99,000 per year.

There are other schemes, like the federal "continuity of support" system, and the [Commonwealth Home Support Program](#). But the most serious needs of many polio survivors – aids like electric wheelchairs and motor scooters – are not funded by these schemes, which are often means-tested and capped. Such aids are also too expensive for most Home Care packages.

Take John Tierney. He has scoliosis; his legs are different lengths, his feet are different sizes; he's had five knee operations on his polio-affected leg including a knee replacement. He currently gets by with a stick and thrice-weekly hydrotherapy, but he knows he'll need a motorised scooter at some point; he may eventually require special equipment to shower, get out of bed and move around his own home.

"There's no way that stuff would be covered by Aged Care," he laughs. *"An electric wheelchair might cost \$10,000, and that might be your entire package for the year. Then what are you supposed to do?"*

Both Helen Nugent, chair of the NDIS board, and Stuart Robert, minister for the NDIS within the Department of Health and Social Services, which administers aged-care programs, declined to be interviewed by *Good Weekend*. According to a spokesperson: *"The NDIS is not intended to replace services provided through the health or aged-care systems."*

Read full article [here](#).

Polio epidemics provide lessons for "new normal" during coronavirus pandemic

By Alexandra Beech on PM

Share   

 Download 1.80 MB

National Cabinet is preparing to make some big decisions tomorrow on easing Australia's COVID-19 social distancing rules. It's already clear there'll be inconsistencies between how those restrictions are rolled back in different states. But experts say no matter where you live, life will look very different moving forward, with some comparing it to life in Australia during the polio epidemics.

Duration: 3min 55sec

Broadcast: Thu 7 May 2020, 5:20pm

More Information

Featured:

Professor Joan McMeeken, University of Melbourne faculty of medicine, dentistry and health sciences professorial fellow

<https://www.abc.net.au/radio/programs/pm/polio-epidemics-provide-lessons-for-new-normal/12225772>

<https://pursuit.unimelb.edu.au/articles/remembering-australia-s-polio-scurge>

Fleeing Polio On Wings Like An Eagle

Barbara Ker-Mann is the author of *Fleeing Polio on Wings like the Eagle*.

Barbara had polio at the age of three and was the first in the Wairarapa (New Zealand) 1936 epidemic to catch polio so has lived her life dealing with the effects. Her memoir reveals how she drew inspiration from Isaiah 40, Verses 30,31 which she heard read in church at age 4.

As a long term survivor of polio, there is a life filled with many and various activities from learning violin at age 10 to visiting the Kitami Institute for Solar Research, Hokkaido, Japan, alone, in an endeavour to learn more about useful solar technology for New Zealand. Between times, Barbara has published novels and poetry, done a Master of Music degree, and been an AAUW International Fellow studying with Shinichi Suzuki in Matsumoto.

Her husband died in 1995 but their 4 children and grandchildren live fulfilled lives in various countries.



Barbara's memoir, *Fleeing Polio on Wings like the Eagle*, was published by Balboa Press AU—www.balboapress.com.au — where it is available for purchase online.

In New Zealand, the memoir is available by emailing the author directly: kermannb@gmail.com. Please include 'Memoir' in the subject line, along with your name and address for post. Pay: \$24.00 NZ into BNZ 02-0152-0241620-083

TWiV 604: Oral Poliovaccine

TWiV 604: Oral poliovaccine to prevent SARS-CoV-2 infection?

Source: www.microbe.tv/twiv/twiv-604/ — 21 April 2020

Kostya Chumakov discusses the hypothesis that oral poliovirus vaccine can provide non-specific protection against many other viruses, and might prevent infection with SARS-CoV-2.

Host: Vincent Racaniello

Guest: Kostya Chumakov

Click below to download: TWiV 604 (39 MB .mp3, 64 min)



ATSA Independent Living Expos postponed until October 2020

Due to the escalation of COVID-19 and the Federal Government announcing a ban on gatherings of more than 500 people, ATSA has postponed the Perth and Melbourne expos, previously to be held in May, until October 2020. The new dates are Melbourne – October 13-14; and Perth – October 28-29, 2020.

Given the exceptional circumstances faced, and in line with the developing government health guidelines around COVID-19, ATSA believes postponing the event is a responsible decision to ensure a health and safe experience for all.

www.atsaindependentlivingexpo.com.au

PHI's New Website Is Finally Here!



PHI's completely rebuilt website is now online. The new site can be found at the same URL as the old, www.post-polio.org. We've listened to many of your suggestions as to how we could improve the old site and hope the new site will provide a more user-friendly experience and aid your search for post-polio information and resources.

The Post-Polio Directory

One of the biggest changes to the new site will be the [Post-Polio Directory](#). The printable PDF will remain available, but we believe the new interactive version will make it easier to quickly find health professionals, support groups and financial resources in your area. The new online tool actually combines the traditional *Post-Polio Directory* and PHI's newest resource, *A Polio Survivor's Guide: Funding Resources for Medical & Adaptive Equipment*.

When you navigate to the [page](#), enter your city in the location search box (or hit the button at the end of the search box to have it automatically detect your location) and the map will display a list of nearby results within a customizable range. Map markers will differentiate between health professionals, support groups and funding resources. Or if you prefer, click directly on the map to find resources in other parts of the country or around the globe.

... And Much More

All of the same trusted information from the old site is still there. Take a look around and discover resources you perhaps had overlooked before. Let us know your thoughts. Send any comments or suggestions to info@post-polio.org.

Post-Polio Health International

50 Crestwood Executive Ctr, Ste 440
St. Louis, MO 63126-1916

www.post-polio.org / www.polioplace.org 

Unpack, Unfold and Go

This portable fold up scooter gives you the convenience and freedom to get around.

8 Luggie models to choose from including:

- Wide track version for more stability
- Soft suspension and pneumatic tyres for a softer, smoother ride.





scooters
australia

Online sales & free delivery
1300 622 633
www.scootersAus.com.au

SC134423_R

Polio Australia Supporting WHO



The Hon Scott Morrison, MP
Prime Minister of Australia
Parliament House
CANBERRA ACT 2600

Dear Prime Minister

Polio Australia commends the Australian Government on its ongoing commitment to support for the World Health Organization. We were very disappointed by the US decision to suspend funding to this vital international organisation, and would like to emphasise WHO's importance in helping the international community to address the scourge of the current COVID-19 pandemic.

As the national peak body representing survivors of polio, we also acknowledge the crucial role of WHO and the Global Polio Eradication Initiative in bringing polio vaccination and awareness to countries across the globe. We implore the Australian Government to continue its support, in order to make the dream of global eradication of polio a reality.

Yours faithfully

Gillian Thomas OAM
President

4 May 2020

Polio Was Almost Eradicated

Polio was almost eradicated. Then came the coronavirus. Then came a threat from President Trump.

By Emily Rauhala, Danielle Paquette and Susannah George

Source: www.washingtonpost.com
— 16 May 2020

For decades, the United States has worked with the World Health Organization and others to quash polio, beating back to near extinction a merciless disease that once paralyzed hundreds of thousands of children each year.

That progress is in danger as the pandemic forces health-care providers to suspend door-to-door vaccination campaigns that have slashed the number of infections.

New cases have emerged in Niger and Chad, and fears have mounted about a resurgence in Afghanistan and Pakistan. Although the number of new polio infections has been small — 155 confirmed cases since January — even blips are worrisome, public health experts say, because small increases can trigger explosive outbreaks, especially in poor countries without the resources to combat the virus alone.

"The polio virus is being let free," said Abdul Qadir, a health worker who has spent the past eight years delivering the vaccine in western Pakistan.

The polio program also risks becoming collateral damage in a political controversy that could hinder eradication efforts long after the pandemic subsides.

Last month, President Trump threatened to cut US funding for polio and every other WHO program over the UN agency's coronavirus response, which he called *"China-centric."* In the weeks since, the president and his aides have worked behind the scenes to sideline the WHO. They have also sought to deflect criticism of the United States' handling of the crisis by pointing to WHO's failure to demand more transparency and accountability from China in the earliest stages of the outbreak.

While many say the WHO legitimately warrants scrutiny, there is consensus in the public health community that stripping the agency of hundreds of millions of dollars earmarked to combat polio and other diseases could be devastating.

"Ultimately, the impact is not on the institution, it's on health," said Jen Kates, senior vice president and director of global health and HIV policy at the Kaiser Family Foundation.



A Pakistani health worker administers polio drops to a child at a railway station in Lahore in November. (Arif Ali/AFP/Getty Images)

Of the \$893 million the United States sent in the 2018 and 2019 funding period, \$237 million was an *"assessed contribution"* to the Geneva-based agency — a type of state membership due that may prove hard to cut without congressional approval.

At greater risk is the *"voluntary contribution,"* money provided to US agencies for health efforts and then given to WHO programs. The largest share of this money goes to polio eradication, with large chunks to fight vaccine preventable disease, malaria, tuberculosis, HIV/AIDS and the provision of basic health care.

Pulling US money from polio could undercut a system of disease surveillance that could be central to combating this pandemic and those in the future.

The cuts are *"certainly not a good idea,"* said Thomas J. Bollyky, director of the global health program at the Council on Foreign Relations. *"Americans have a stake in the ability to control these viruses."*

When Hamid Jafari, a doctor and infectious disease specialist who now leads one of the WHO's regional polio eradication programs, started his work in 1994, the disease paralyzed hundreds of thousands a year.

Over a nearly 30-year career at the Centers for Disease Control and Prevention — including 16 years seconded to the WHO — he and colleagues beat back the virus. *"We made so much progress. We are 99 percent of the way,"* he said.

But the past few years have been tough. Conflict has made some children hard to reach. Disinformation about vaccines has fueled skepticism and attacks on health workers.

The outbreak of the novel coronavirus made

Polio Was Almost Eradicated *(cont'd from p17)*

things worse. Afghanistan, Pakistan and more than a dozen African countries have halted or postponed vaccine deliveries, citing pandemic-driven travel restrictions, overburdened health-care workers and an inability to administer the drugs at a safe distance.

In Congo, at least 86,905 children did not receive the oral polio vaccine during the first two months of the year, according to the United Nations Children's Fund. The drop-off in doses could leave children particularly vulnerable as attention shifts to covid-19, the agency warned this week.

Misinformation on social media has marred progress in the eradication fight, said Kevin Bekolo, a public health doctor in western Cameroon. Posts about vaccines containing the coronavirus have gone viral.

"This had already turned most of the population against the polio vaccination campaign," Bekolo said, *"even before it was postponed."*

Though it is hard to count cases during periods of lockdown, at least 155 cases have emerged worldwide since January, according to the Global Polio Eradication Initiative — a 182 percent jump from this time last year.

Sylvester Maleghemi, a Nigerian doctor who leads the WHO's polio immunization team in South Sudan, said his job has transformed since the respiratory threat reached the East African country. *"It's now 80 percent coronavirus, 20 percent polio,"* he said.

His team didn't want to spread the coronavirus, so after consulting with South Sudan's health officials, it suspended the door-to-door vaccine program. The nation hasn't seen a case since 2014, but Maleghemi fears a resurgence. *"I don't sleep at night sometimes,"* he said. *"I just ask myself: Where next might I have an outbreak?"*

Public health professionals say suspending vaccination will have grave consequences because much of the developing world relies on an oral vaccine that contains live virus.

The oral droplets are roughly ten times cheaper than the injectables used in the United States and Europe, which employ an inactivated virus and do not carry the same threat.

Vaccine-derived infections spread after children who have received the droplets use the restroom in areas without water filtration plants. A mutated strain of polio grows in the water supply and can infect those who drink from the tap before they have immunity. (Naturally occurring polio, known as wild polio, also spreads through feces-contaminated food and water.)

"As soon as you let off, you get cases," said Andrew Noymer, an associate professor of population health at the University of California at Irvine.

Such was the case in the West African nation of Niger, which reported two new cases of polio in April. Doctors blamed the stalled vaccine campaigns. Workers who administer the droplets are not allowed to travel because of the pandemic, said Anya Blanche, the WHO's representative in Niger. *"The challenges are daunting,"* she said. Cutting funding to the WHO adds another challenge.

The White House wants to divert money from the WHO to other organizations. The State Department is already advising employees to start finding new partners. In a limited number of cases, that could work, experts said. But the agency's expertise and deep networks in the world's most hard-to-reach places will be tough to replace, especially for polio.

"There is no substitute for WHO in this instance," said J. Stephen Morrison, director of the Global Health Policy Center at the Center for Strategic and International Studies. Health experts are worried about explosive outbreaks, he said. *"Having the US throw this wrench into the works doesn't help matters."*

For those on the front lines the hope is that Trump, having got the organization's attention, will retreat from the funding threat. In interviews, Secretary of State Mike Pompeo has suggested that the United States might continue to support WHO work on polio and other diseases. *"Let's see if there's a piece of this which we ought to continue to participate in,"* Pompeo told *The Jack Heath Radio Show* on May 7, *"because it's doing good work on polio or whatever it may be,"* he said. *"But then let's make sure that when the next risk arises,"* he continued, *"when the next risk from a pandemic arises, we need an institution that's going to deliver good outcomes for the American people."*

On the front line of the polio fight, health workers are waiting out lockdowns and worrying about the kids at risk. Qadir, the health worker in Pakistan, has worked through conflict and death threats — and will keep working. For now, he has been detailed to the coronavirus response. As soon as it is safe, he will be back in the polio fight, he said. *"The children we don't reach may become paralyzed for life."*

George reported from Islamabad, Pakistan. Haq Nawaz Khan in Peshawar, Pakistan, contributed to this report.

Read full article [here](#). 🌐

There's A Silver Lining



*Health worker administers a polio vaccine to a child, in Kabul, Afghanistan, on May 17, 2016.
Credit: Haroon Sabawoon [Getty Images](#)*

Coronavirus Pandemic Threatens to Derail Polio Eradication —but There's a Silver Lining

By Peter Schwartzstein

Source: www.scientificamerican.com
—22 May 22 2020

COVID-19 has stifled the world's largest immunization program. Yet polio's vast workforce is also helping in the fight against the new disease.

The year 2020 was on track to be a good one for South Sudan's polio hunters. But now many of those working in the global polio eradication campaign are grappling with the potential reversal of much of their work. All house-to-house immunization efforts have been suspended because of the continuing coronavirus pandemic. Disease surveillance officers can scarcely travel at all. Polio samples awaiting testing are trapped in South Sudan because there are no flights to transport them to external laboratories, and local experts are bracing for the worst.

"The fact is, we cannot even move around anymore. This limits our action time," says Sylvester Maleghemi, South Sudan polio team leader for the World Health Organization (WHO). "And this could overturn our work. But this is the reality of where we are right now."

The worldwide polio eradication effort was suspended in late March, bringing campaigning to a near halt. More than 20 million doctors, technicians, and other medical and community practitioners have put much of their work on hold, leaving at least 13.5 million children unvaccinated or undervaccinated for polio so far, according to estimates by the public-private

global health organization GAVI, the Vaccine Alliance. The WHO says that number could rise to at least 60 million by June in the eastern Mediterranean region alone (the area includes northern Africa, the Middle East and Central Asia).

Yet even those figures mask the full extent of a disruption that could stifle polio eradication efforts for years, a dozen doctors, senior scientists and public health officials say. Millions of stored polio vaccine doses will lose their effectiveness if the pandemic prevents immunization for much longer, and some countries that are proceeding with limited vaccinations might run out before they can be resupplied.

"If the lockdowns are in place for too long, then vaccines will just expire in many places," says Thabani Maphosa, managing director of country programs at GAVI. "And we're currently not able to get vaccines where we need to."

Disease surveillance systems, which involve the collection and analysis of data on flare-ups so they can be suppressed, are a cornerstone of polio eradication. These systems are also wavering, in large part because of pandemic-related shutdowns and travel restrictions.

When it comes to having the data or observations from the ground needed to keep polio in check, "you really don't want to go blind. But we are seeing this generally across the board," says Hamid Jafari, the WHO's director of polio eradication for the eastern Mediterranean region. "Many health centers are closed. Patients are reluctant to seek help because they're scared. Frontline workers are scared. And the severe restrictions on movement within [each] country make life difficult."

Afghanistan and Pakistan, the two countries where wild polio remains endemic, largely rely on a "tiered" system for identifying the disease's spread. This approach consists of community informers, frequent in-person visits to hospital pediatric wards and regular calls to local clinics to check for signs of acute flaccid paralysis—a rapid-onset weakening of respiratory muscles and other muscles that is associated with polio. But as the coronavirus pandemic advances and nations stall, these tiered networks are not functioning as they once did. In their reduced state, polio might gain a firmer footing.

And then there are the complications posed by the polio immunizations themselves, which must be administered in several doses at different intervals. If too many are skipped, Maphosa says, *"it's a question, then, if it's possible to catch up."*

There's A Silver Lining *(cont'd from p19)*

With roads still locked down in dozens of countries and polio teams unable to distribute vaccine stocks from central warehouses, many children are already missing doses—even when they are close at hand—according to GAVI.

The oral polio vaccine contains a weakened version of the virus, which is excreted in human waste. In rare cases in populations that are underimmunized, the weakened virus can mutate and infect nonimmunized people. It is too soon to determine if Niger's recent outbreak of such "vaccine-derived polio" developed after the eradication campaign's suspension. In any case, doctors anticipate an uptick in cases there and elsewhere over the coming months.

But in spite of these setbacks, the global polio program's adaptability may actually have a silver lining for the current pandemic.

Retooling To Fight Coronavirus

Many countries have been quick to realize the usefulness of the polio network — the largest immunization program of its kind in the world — in fighting the pandemic. Much of the network has been redeployed accordingly.

Polio contact tracers, who are accustomed to searching out telltale signs of the disease such as sudden leg weakness, are now pursuing reports of severe respiratory distress, fever and other symptoms of COVID-19.

"It's a no-brainer, really," says Maleghemi, who estimates that 80 percent of South Sudan's polio personnel are now tracking coronavirus cases themselves or training new tracers to do so where they cannot. *"At a state level and county level, where we have the foot soldiers, everyone has been repurposed. If you go look for [acute flaccid paralysis], you can go look for [COVID-19]."*

The polio network's enormous infrastructure has been turned over to pandemic response in countries that have few other resources at their disposal. The WHO says Nigeria's and Pakistan's 24-hour emergency polio hotlines are now mostly dedicated to COVID-19, as are hundreds of labs and networks of country-wide cold freezer rooms and mobile units that normally store or transport polio vaccines. Once a vaccine is ultimately developed for COVID-19, the polio eradication teams are the ones most likely to support its distribution among the world's less accessible areas, Jafari says.

Above all, the polio program contains considerable relevant technical expertise, which government officials in Somalia and Mali say has

been instrumental in guiding their countries' pandemic responses. Even though the parallels that can be drawn between the two diseases are limited, the basic principles are similar: case investigation, personal hygiene and patient isolation are vital. Disease surveillance is key, and it will become even more important if scientists find that water and wastewater analysis can yield the same kind of information for COVID-19 tracking as it does for polio. The WHO and the Bill & Melinda Gates Foundation are among those following up on promising early results.

Ultimately, however, polio teams will have to revert to their core mission. And when they do, they will face a rash of challenges.

Postpandemic Polio

Catching up on all those missed vaccine doses will be expensive—at a time when extra money is likely to be in short supply. The US is the largest public funder of polio eradication. But the Trump administration has frozen its contribution to the WHO, through which much of the world's polio aid is dispensed. Medical freight costs have already grown around 20 percent as a result of decreased air traffic, GAVI's Maphosa says.

And the consequences of previous, much smaller disruptions to eradication efforts suggest polio teams will have a massive amount of damage to contain: In 2003 a single Nigerian state stopped vaccinating against polio for a year. This change fueled a resurgence in more than 20 countries, the WHO says.

In the long run, however, the pandemic-enforced stoppage may enable polio campaigners to reevaluate their approach, according to scientists at almost all the major polio partner organizations. After several disappointing years, during which the number of reported wild cases rose from an all-time low of 22 in 2017 to 176 last year, the polio teams need to take stock of past failures — and to refocus accordingly. If nothing else, they will likely begin again in a world more conscious of the perils of allowing health crises to fester.

"The polio program is sort of looking at this gap in our ability to actually implement [eradication efforts] to reexamine our strategies. And I think that, taking the long view, there's been progressive success," says Jay Wenger, head of polio eradication at the Gates Foundation. *"It's just been slow. And I think this gives us the opportunity to reevaluate what we really need to get done to finally finish the job."*

Read full story [here](#). 🌐

Letters To The Editor

Polio-era epidemiologist warns: Trump's 'warp speed' vaccine effort may be dangerous

By **Lauri D. Thrupp, M.D., Santa Ana**

Source: news.yahoo.com

Los Angeles Times Opinion – 21 May 2020

To the editor: Reporter Daniel Miller's [review of Dr. Jonas Salk's legacy](#) and your [editorial on the Trump administration's "warp speed" effort](#) to develop and distribute a coronavirus vaccine are déjà vu warnings from the polio era.

As a young Epidemic Intelligence Service Officer in 1956, I was the lead agent from the Center for Disease Control working with the Chicago Board of Health on its 1,500-case polio outbreak. As someone with 65 years' experience in infectious disease and epidemiology, I offer a warning from the errors and lack of oversight in the Salk vaccine saga that resulted in avoidable tragedy.

Salk's research actually implied that each lot of his killed-virus vaccine would require sophisticated testing to ensure that no live virus remained. But this caveat was not adequately conveyed to the several pharmaceutical companies rushing to produce vaccine. Importantly, federal law at the time did not require or permit direct involvement of US Food and Drug Administration scientists in confidential monitoring of the production process, which is required today.

Cutter Laboratories, inexperienced in viral research, failed to detect live virus in multiple lots. The resulting thousands of children infected and several deaths is called the Cutter Incident. Other companies' vaccines also caused infections. In fact, all companies had found live virus in numerous lots never distributed, but never disclosed to the FDA. The production issue was resolved, but it took a massive public re-education effort in order to resume the life-saving program.

In the "warp speed" push for a COVID-19 vaccine, the Trump administration's anti-science policies and budget cuts to key agencies, its silencing of scientists like Dr. Rick Bright, and its suppression of CDC's detailed safe opening guidelines are dangerous to the public's health not only in America, but worldwide. 🌍

Free Wheelchair Services To People With Disabilities

By **Shreya Pothula**

Ravindra Singh and Anil Pereira's social impact startup myUDAAN aims to provide accessibility, assistance, and mobility to people with disabilities.

Source: yourstory.com — 19 March 2020

Ravindra Singh was diagnosed with post-polio paralysis when he was just eight months old. He and his family dealt with the personal and societal struggle that comes along with being a person with disabilities.

"One challenge I am always faced with is accessibility. Be it with buildings, elevators, public toilets, or ATMs. As a person with post-polio paralysis, this is a major concern. I started thinking about ways to change this", Ravindra says. Recounting a pivotal moment in his life, he adds, "I was on a tour to the Statue of Unity and the available wheelchair had been reserved for VIP use. There was no assistance either. That gave me the idea to start an on-demand assistance service."

This led Ravindra to bring accessibility, assistance, and mobility to the PwD community

and establish myUDAAN, a social impact startup conceived to aid people with disabilities and the elderly.

How It All Began

After founding a successful digital marketing company, Ravindra decided to work on a project that would create social impact and solve problems of the PwD community. He reached out to a close associate, Anil Pereira, who had worked with Askme and Medlife, to build a strong founding team for his myUDAAN.

"MyUDAAN was born specifically from Ravindra's need to address the great challenges in mobility that a person with disability faces", Anil tells SocialStory.

India's first free wheelchair service, myUDAAN, was made operational at Seawoods Mall in Navi Mumbai in July 2019. This service aims to provide a stress-free experience for people with disabilities and works to promote accessible mobility in an efficient way. When their idea and strategy was still in the nascent stage, the self-funded CIBA-incubated startup contemplated the best way to improve the access to mobility and transport that the elderly and the PwD community require.

Free Wheelchair Services *(cont'd from p21)*

"The government transport system and private transportation are not up to the mark", says Anil, emphasising that very few transport options are disabled-accessible to begin with. More importantly, Ravindra and Anil wondered how to make their brainchild sustainable. They brainstormed a plan to make myUDAAN's social services function without a glitch.

Currently, the team comprises four members, with Ravindra overlooking Operations and Anil handling Marketing, Sales and Tech. As of today, they already have 650 customers who are using their services.

App-Based Solutions

"With myUDAAN, anyone who demands instant assistant services (indoor and outdoor mobility) can be catered to. Our app has seen above 1,000 downloads", Anil says. On the app, the PwD community can go to the 'Book My Assistant' option, which provides the user with a specially-trained assistant as well as information on the location they wish to explore. Through this option, users can venture out to malls, multiplexes, and large stores, without taking intense physical or mental stress.

Besides the app, there are other ways in which senior citizens or people with disabilities can book the wheelchair assistant services. One can make a call to the service number, or drop a message on WhatsApp, sharing their need or request.

"After many years, my mother's desire to witness live dance performances was fulfilled

today! Huge thanks to myUDAAN for this great initiative of providing wonderful, complete, professional wheelchair assistance for two hours! On my one phone call and an app request, the assistant was ready with a comfortable wheelchair right at the car parking. He was careful and polite", shares Saraswati, a customer of myUDAAN's services at Seawoods Mall, Navi Mumbai.

One of the greatest recognition the startup got was when the team featured as one of three finalists on Meet The Drapers, a reality television show that encourages crowdfunding for startups. They also got to interact with American venture capital investor Tim Draper. Ravindra and Anil were also finalists at Social Alpha Birac Quest and Villgro's iPitch. The myUDAAN team was among the finalists at the BIRAC-Social Alpha Quest for Assistive Technologies.

The Plan Ahead

When asked about what drew him to founding and working with myUDAAN, Anil says, "I always thought I'd be with mainstream startups. But with my third startup aiming for social impact, I am truly excited." Ravi and Anil plan to extend myUDAAN's services to 24 malls across locations in Mumbai, Navi Mumbai, and Thane. They hope to expand the scope of their project by the end of this year.

Read more at: https://yourstory.com/socialstory/2020/03/my-udaan-wheelchair-services-mumbai?utm_pageloadtype=scroll



myUDAAN Founders Ravindra Singh (seated) and Anil Pereira

Polio This Week

Source: [Polio Global Eradication Initiative](#) — as of Wednesday 26 May 2020

Wild poliovirus type 1 and Circulating vaccine-derived poliovirus cases

Total cases	Year-to-date 2020		Year-to-date 2019		Total in 2019	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	61	123	40	36	176	367
—In Endemic Countries	61	53	40	10	176	40
—In Non-Endemic Countries	0	70	0	26	0	327

Case breakdown by country

Countries	Year-to-date 2020		Year-to-date 2019		Total in 2019		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Afghanistan	12	7	12	0	29	0	22 Mar 2020	18 Apr 2020
Angola	0	2	0	4	0	130	N/A	9 Feb 2020
Benin	0	1	0	0	0	8	N/A	16 Jan 2020
Burkina Faso	0	2	0	0	0	1	N/A	11 Feb 2020
Cameroon	0	3	0	0	0	0	N/A	29 Feb 2020
Central African Republic	0	1	0	2	0	21	N/A	5 Feb 2020
Chad	0	13	0	0	0	10	N/A	11 Mar 2020
China	0	0	0	1	0	1	N/A	25 Apr 2019
Cote d'Ivoire	0	4	0	0	0	0	N/A	14 Mar 2020
Democratic Republic Of The Congo	0	5	0	12	0	88	N/A	8 Feb 2020
Ethiopia	0	14	0	1	0	12	N/A	16 Mar 2020
Ghana	0	11	0	0	0	18	N/A	9 Mar 2020
Myanmar	0	0	0	2	0	6	N/A	9 Aug 2019
Niger	0	4	0	1	0	1	N/A	15 Mar 2020
Nigeria	0	1	0	10	0	18	N/A	1 Jan 2020
Pakistan	49	45	28	0	147	22	4 May 2020	10 Apr 2020
Philippines	0	1	0	0	0	15	N/A	15 Jan 2020
Somalia	0	0	0	3	0	3	N/A	8 May 2019
Togo	0	7	0	0	0	8	N/A	11 Mar 2020
Zambia	0	0	0	0	0	2	N/A	25 Nov 2019

Polio Australia Factsheets

Polio Australia has developed factsheets to assist with your understanding of living with polio. These factsheets, and others, are available on our Polio Australia website.

In 2020, the factsheets listed below were printed and distributed to the polio state networks across Australia. We printed the factsheets for the 20 most frequently requested topics.

Health

- Anaesthesia and Surgery
- Bone Density & Health
- Continence
- Physical Activity and Exercise
- Fatigue
- Womens Health
- Footwear/Pedorthics
- Pain management
- Sleep and Breathing
- Cold and Heat Intolerance

Lifestyle

- Aids & Equipment
- Falls - What to do if you have a fall
- Speech and swallowing
- Medication
- Driving & Vehicle Mods
- Orthoses

Services

- Disability Services
- NDIS
- MyAgedCare

Providers

- Types of Health Professionals