

Polio Oz News

September 2020 – Spring Edition

How To Deal With Stress, Anxiety And Sadness

By Paulette Jackson, MS, MSN, RN
Administration Officer

COVID-19 and social isolation restrictions have impacted the lives of many people globally. It is normal to have worry or stress during a pandemic, especially when you are isolated from others. However, social isolation can have negative impacts on your physical and mental health.

How are you coping? You might be finding isolation a bit difficult. It's okay. Even though you are isolated, you are not alone. Here are a few helpful tips for supporting your mental health during these uncertain times.

10 Tips To Support Your Mental Health

1. If you are feeling alone, reach out to others via email, telephone, video chats, or social media. You can also utilise **Friend Line** for when you just want to chat with someone because you are feeling lonely. Contact 1800 424 287 / Chat online www.friendline.org.au.
Note: *Friend Line is not a crisis support line – see website for hours and availability.*
2. Try to maintain your normal daily schedule to keep you in a routine – medications, eating, sleeping, and exercise.
3. Turn off the news and sign off social media if these resources increase your stress.

4. Recognise that isolation isn't forever and there is a light at the end of the tunnel.
5. Acknowledge that social isolation is making a difference in flattening the curve, which will result in relieving restrictions.
6. Engage in activities that make you happy – hobbies, exercise, read, music, dance, etc.
7. Choose to eat nutritious foods to keep your body healthy and boost your immunity.
8. Pick up a new project around the house or learn a new skill.
9. Write about happy events in your life or write down three things you are grateful for each day.
10. Acknowledge your feelings and seek professional help if you continue to feel sad, stressed, or anxious.

Resources Available If You Need Mental Health Support

- **Your Doctor/GP:** they can refer you to the help you need
- **Lifeline:** 24-Hour crisis support: Contact 13 11 14 / Chat online www.lifeline.org.au
- **Beyond Blue's Coronavirus Mental Wellbeing Support Service:** Contact 1800 512 348 / Chat online coronavirus.beyondblue.org.au
- **Head to Health:** Digital mental health resources headtohealth.gov.au



Polio Australia

Representing polio survivors

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“**Spring work is going on with joyful enthusiasm.**”
~ John Muir ~

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

Warmer weather and sunny days are here at last! My spirits always lift when spring arrives — I hope you feel the same, coronavirus issues notwithstanding.

We are very saddened to report that shortly after the last issue of *Polio Oz News* was distributed, our immediate-past Vice President and SA representative, Brett Howard, passed away. Those who knew Brett lost a mate, and polio survivors have lost a champion. We passed our heartfelt condolences on to Brett's family. Unfortunately, coronavirus restrictions meant it was not possible for a public funeral to be held, but his family has announced that a memorial event is planned for 2021. There are Vales to Brett on page 7.

This issue of *Polio Oz News* brings you state updates from Western Australia and Tasmania (p7). These reports highlight how state networks are evolving over time, while importantly maintaining contact with and information for local polio survivors.

We are fast heading into October's *Polio*

Awareness Month. Awareness activities during the Month will necessarily be curtailed, but the Polio Australia Team will continue to be active online so watch out for updates on our [website](https://www.polioaustralia.org.au) and social media. This year's theme is **Past Pandemic Survivors** (get it? The initials are PPS – as in Post-Polio Syndrome – and the name also highlights the fact that those of us who had polio have already experienced outbreaks like we're living through now). We all have a story to tell about how we survived polio, and if you would you like to share yours, please get in touch with Steph: steph@polioaustralia.org.au.

Since Polio Australia was established in 2008, the Board has conducted its AGM and planning sessions face-to-face, as such gatherings held over a couple of fatigue-reduced days allow for in-depth discussions, analysis and planning. This year we will not be able to meet in person, but the ability to interact via video sessions means our important annual business meetings can still proceed effectively. Like many organisations, we have increasingly conducted our operations online this year — from social media posts, videos and live streaming to Zoom chats we are maintaining connections with our polio and health professional communities. Diversifying our ways to provide information and support is the silver lining of the pandemic. 🌈

Gillian

From the Editor



Maryann Liethof
Editor

What's worse than living through a pandemic? Living through Stage 4 restrictions in Victoria! Last year I booked a 6 week trip to Europe, leaving this month—and starting in Milan, no less . . . Travelling again seems like a distant dream at this time.

Of course, I do know I'm not alone, and that I am fortunate to have interests to occupy me through the long days. For those of you who are feeling the strain, Paulette Jackson's article on "*How to deal with stress, anxiety and sadness*" (p 1) may provide a few tips and resources you haven't considered yet.

During August, Steph Cantrill hosted a series of Zoom chats for our post-polio community, which many people have found very helpful (p 6). There are more scheduled for September and October—why not join in?

Zoom is one of the few businesses moving ahead in leaps and bounds at the moment, as are informative videos and telehealth consultations (p 17). For those of us who are comfortable using technology, it has, undoubtedly, proven to be been a real 'game changer' during this whole catastrophe.



I have come across numerous articles comparing this pandemic to the polio epidemics of the 20th century. "*Modern lessons from our polio past*" (p 14) is one written by Professor Joan McMeeken, a physiotherapist turned academic with the University of Melbourne. Joan's article is a thoughtful piece, which can be read in its entirety on the University of Melbourne's web link.

"*Echoes of the past*" (p 15) is another excerpt taken from a *Forbes* article, reflecting on whether we can "*apply lessons of the polio era to the coronavirus pandemic?*"

Those of you 'lucky' enough to have access to the NDIS might be interested to learn that massage therapy can be part of your plan. Liz Telford writes about how she got this much needed treatment included in hers (p 12).

And if pain is a major issue for you, Painaustralia has updated their National Pain Services Directory (available online), and is currently revising the definition of pain (p 18).

So, lots of things to read, watch, and participate in whilst you are observing social distancing. Oh, and it's spring time! Bluer skies, brighter flowers, warmer and longer days—I, for one, am happy to be alive. Stay safe out there! 🌈

Maryann

Health Education Workshop Attendees: Reflection



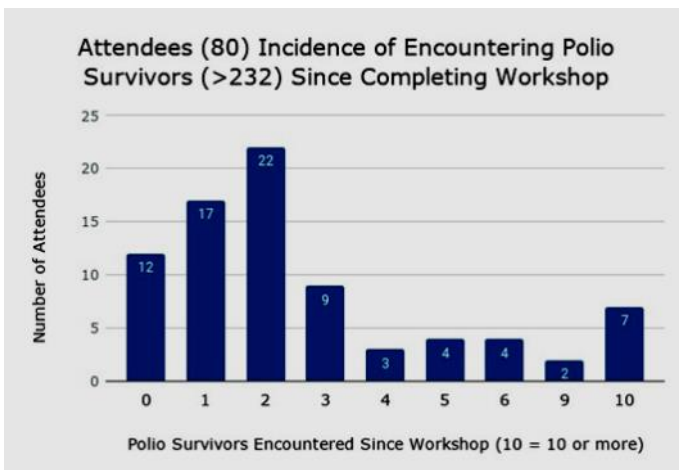
By Michael Jackson
Clinical Health Educator

Early in 2020 I reached out to our previous health professional workshop attendees via email to update them on Polio Australia's activities and to have them reflect on their experiences since their workshop. Eighty attendees responded to the reflection survey, providing us with some insights into the reach and effect of our workshops.

Of the responding attendees:

- 65% worked in a regional facility
- 79% worked in allied health and nursing
- 41% were from NSW, and 41% combined from QLD, VIC and WA

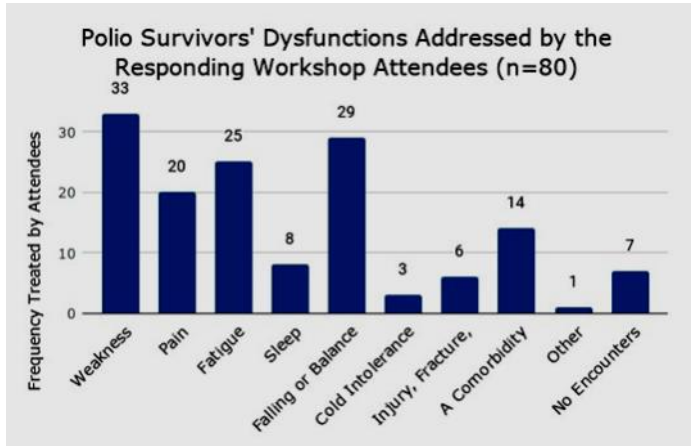
A primary purpose of the survey was to find out how many of these attendees had contact with polio survivors in their field of healthcare. The following chart displays the responses to the survey question "I have encountered (spoken with, treated, or advocated for) *this many polio survivors since attending the workshop*".



Almost half of previous attendees responding had experienced one to two encounters with polio survivors since their workshop. Seven professionals (9%) had seen 10 or more polio survivors since their workshop, and 15% of attendees reported seeing no polio survivors.

The respondents reported high incidences of treating the following late effect symptoms in the polio survivors encountered: weakness, balance and falling, fatigue, and/or pain. These aspects constitute a large portion of Polio Australia's workshop content, showing validity between

course content and clinical intervention. Other symptoms treated more frequently by these respondents included mental health, cold intolerance, injury or fracture, sleep disturbances, and environment modification. These topics are also covered in the Clinical Practice Workshops.



Respondents reported referring polio survivors most commonly to Polio Australia's website (30%), or to their state polio network (20%).

The survey also provided some useful information on post-workshop resource use. The most frequently used resource by respondents was the pdf of the presentation slides (65%), followed by Polio Australia fact sheets (15%), books on post-polio syndrome (14%), Polio Australia's Introduction to Clinical Practice pdf (14%), and Polio Australia's Managing Muscles and Mobility e-book (11%).

This feedback is useful to Polio Australia in that it suggests:

- Regional allied health attendees are more likely to provide feedback
- Regional attendees averaged seeing fewer survivors (average of two) than metropolitan attendees (average of four)
- More promotion needs to be given to attendees during workshops regarding the support offered by state networks
- Presentation slides need review (now completed) to ensure cohesion and clarity as a pdf formatted resource

The resumption of Polio Australia's workshops in the COVID era will enable a return to the previous course evaluation methods (via workshop feedback forms). The interim survey described will continue to be used (with some modifications) to seek longitudinal information on workshop attendees' post-workshop experiences. 🌟

Do you have a wonderful health professional who understands your post-polio issues? Are they on our Health Professional Register? If not, please contact us at: office@polioaustralia.org.au or 03 9016 7678 so we can talk about adding their name!

Health Education Workshops Hindered By COVID-19

By Michael Jackson, Clinical Health Educator

The effect of the COVID-19 pandemic on the delivery of Clinical Practice Workshops in this period has been frustrating. The nature of the pandemic, the health concerns of polio survivors, and the uncertainty in timelines for a future period of unhindered scheduling of events, have all been concerning.

The timing of the pandemic resulted in no workshops being delivered in the last six-month period. The additional time available in this period to plan and review the workshop content and style (and processes for managing workshop scheduling) should result in a more refined workshop experience for attendees and facility hosts.

A review of the clinical practice workshop presentation slides was undertaken during this time, enabling the:

- addition of information from recent research and further clarification of existing content
- improvement in the continuity of the workshop content making it easier to follow
- cognitive load and content interaction aspects of the presentation to be more evenly dispersed

- development of interchangeable 'pillars' of information for delivery flexibility
- expansion of the catalogue of available slides for use in other modes of delivery and across a wider range of health disciplines

It will be exciting to deliver this updated presentation. Despite being slightly heavier in content, it is structured to be easier material to interact with from the perspective of the audience and the presenter.

The *Lived Expert* role is an important part of the workshop experience for the professional attendees, and it gives survivors the chance to advocate for all survivors. The opportunity for local polio survivors to act as a Lived Expert at each workshop will still be offered, however the COVID health risks of participating need to be considered carefully.

We continue to reach out to facilities in several states for scheduling, while other states remain off-limits – this being due to border closures and quarantine mandates in some areas, and the existence of COVID hot spots in others. Some facilities are willing to schedule later this year, while others have declared a moratorium on events like workshops until 2021. 🌐

Polio Survivors' Survey

By Michael Jackson, Clinical Health Educator

Polio Survivors Health, and Health Professional Use Survey (#2 of 2020)

Early in 2020 we had over 730 Australian survivors respond to our survey about polio survivors' impressions, expectations, and satisfaction with their health professionals. Those results were published in recent *Polio Oz News* editions. If you did not do that previous survey, that is ok—you can still participate in this new one. (International polio survivors are also welcome to complete the survey should they wish to.)

This new survey asks about different things: your post-polio related health; your changes in ability over time; your use of health professionals; and the support services you use. It takes about 15 minutes to complete and is online only. Please share the survey link with other survivors you know in your community.

As with our previous survey, the responses to this survey will be grouped to look for differences or trends amongst polio survivors, and in comparison to the Australian population. Grouped data (individual responses are not identifiable) will be used in Polio Australia's planning and education—for polio survivors and health professionals. The results will be reported in *Polio Oz News* later this year. 🌐

[Click for survey link](#)



Zoom Chats



By Steph Cantrill

Community Programs Manager

I'm sure I'm not the only one saying they can't believe how fast and how slow this year is going! What a strange experience this is, with the lockdown, the lifting of restrictions, and then the return to lockdown for those of us in

Melbourne. I know this has been a very hard time for some people, and I do wish you all the best during this period.

Being unable to meet in person still, we've had to be a bit creative in how we reach out to the polio community. During the start of the restrictions, we produced quite a number of videos – introducing the team, going through a few self-management strategies, and explaining a few of Polio Australia's activities. These videos are available for viewing on our Facebook page and YouTube channel. And there are still more to come! If there is a particular topic you'd like us to present about in one of these short videos, please feel free to let us know.

More recently, we've been connecting with members of the community via one of 2020's favourite video platforms, Zoom. Anyone who bought shares in Zoom at the start of the year must surely be laughing all the way to the bank now! While we had a few great chats specific to regional areas in June, we decided to go bigger and make them Australia-wide for anyone who wanted to join us.

Throughout August, we had Zoom chats each Wednesday morning. Each week was focused on a theme, with a brief presentation, small group chats, and a summary at the end. We had around 50 people at each session, and had some really interesting discussions. Some of the feedback (we love feedback!) was really positive, and showed that people really valued the shared learning and connection. Here are a few samples:

- "I have enjoyed [the] sessions, just listening to other people has been worthwhile for me." Marilyn, Vic
- "It was my first experience of a large gathering of polio affected people and quite an eye-opener." Anne, SA
- "I'm so glad to be able to join all the 4 Zoom sessions, I appreciate your effort in emailing all these information and reference materials that can help me in managing the late effects of polio. Looking forward to future Zoom chats." Marilou, NSW

So, what's next for us? More Zoom chats, of course! And now, we've also added webinars into the mix! We started with the ever-informative Nutritionist, Melinda Overall, giving us insights into nutrition and the immune system. Don't worry if you missed out – the session was recorded and will be shared shortly. Future webinars so far are as follows:

- Sharing stories of managing Late Effects of Polio, the Duncan Foundation in New Zealand with Gordon Jackman, Duncan Foundation CEO
- Monday 7th September 2020 at 11:00am AEST
- Postural and Core Muscles for Polio Survivors with Lillian Drummond, Physiotherapist
- Tuesday 15th September 2020 at 11:00am AEST
- The 'Technology Chain': Assistive Technologies and Environmental Adaptations with Peter Willcocks and Occupational Therapist Dr Natasha Layton
- Tuesday 29th September 2020 at 2:00pm AEST
- Question and Answer session with Dr Stephen de Graaff
- Monday 5th October 2020 at 11:00am AEST

For more details and to register, please go to: www.polioaustralia.org.au/community-information-sessions/

So that's it from me – see you on Zoom soon, I hope! 🌟



AFTA—Submission To The Disability Royal Commission

By Steph Cantrill

Community Programs Manager

You've probably heard us talk about ATFA a few times in previous editions of this newsletter. ATFA, or the Assistive Technology for All Alliance, is a partnership of peak bodies and consumer representatives including the disability, ageing and health sectors. ATFA's main focus is to draw attention to the gross inequity in funding for aids and equipment between those in the NDIS and those who are ineligible due to their age or other reasons.

This month, ATFA made a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The submission had two main recommendations:

1. That the revised National Disability Agreement and National Disability Strategy clarify who will be responsible for funding assistive technology for people with disability not covered by NDIS and improve streamlining and consistency; and

2. That State and Commonwealth Governments work together to develop a funded National Assistive Technology Program to provide equitable support to those not covered by NDIS.

If you are not eligible for NDIS, and have been personally impacted by barriers to accessing assistive technology (aids and equipment), it would be great for ATFA to hear about your experience. To share your story, please contact Lauren Henley, ATFA Coordinator, on (03) 9655 2140 or info@assistivetechforall.org.au.

If you agree that the inequity between what available for those in the NDIS and those who are not eligible is unjust and unacceptable, please sign the petition here:

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

The full submission can be accessed [here](#). 🌐



Vale Brett Howard

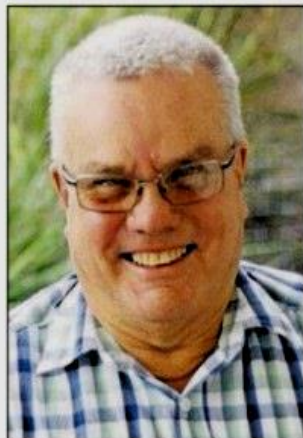
POLIO survivors across Australia are mourning the death in June of Polio South Australia president Brett Howard.

Mr Howard contracted polio himself at the age of five and wore a brace on his right leg.

As president of Polio South Australia for more than 10 years, he advocated relentlessly for polio survivors.

For the majority of his time on the board at Polio Australia, he was a member of the executive, first as treasurer, then serving as vice-president from 2018.

Mr Howard also organised the involvement of Community Business Bureau, which resulted in grants to provide things like massage vouchers and hydrotherapy to polio survivors, as well as newsletter printing, website, and



DEDICATED: Brett Howard.

other resources.

He was instrumental in revising and publishing brochures and books on the late effects of polio.

"The committee is forever grateful that we had time with Brett, who was so understanding and easy to work alongside; nothing was too much trouble for him," a

Polio SA spokesperson said.

"We appreciate all that Brett did for our organisation."

As a volunteer, the spokesperson said, he made a huge commitment and has left a lifelong legacy.

Mr Howard passed away peacefully on June 5 surrounded by his family.

There to help

Polio SA helps people who have been afflicted with poliomyelitis. This can now also include hydrotherapy and massage, which is free to financial members.

The website has information on post polio syndrome and a section for health professionals. Polio survivors can also share their stories to help others.

☎ 0466-893-402, www.poliosa.org.au

On behalf of the Board of Polio Australia on which Brett was a valued member from October 2010, we are likewise incredibly saddened by his passing. Not only did South Australia benefit from Brett's leadership over many years, but for the majority of his time on the Polio Australia Board, Brett was a member of the executive. In these roles he performed vital services for Polio Australia, and was a great support to me personally. Brett willingly took on any task in support of our activities, helping polio survivors not only in South Australia but across all of Australia. I and others will miss sharing a bottle or two of Barossa Valley red with him—a tradition we enjoyed whenever the Board came together in person for Polio Australia's Annual General Meeting over the years, and a tradition that will now live on in Brett's honour. Rest in peace, mate.

Gillian Thomas
President, Polio Australia 🌐



The Post Polio Network Of WA Update

This note from The Post Polio Network of WA (the Network) is to every person in Western Australia who has had polio.

Our purpose is to help to optimise the health and welfare of people who have had polio and who may now be suffering from its late effects (post-polios). Currently, six people compose the Network's Committee. We are from various professions, are all members of the Network, and all Post-polios.

We aim to advocate for our members and to guide them to the best sources of knowledge, advice &/ or treatment available from the most suitable health care professionals in various specialties: Medicine, Physiotherapy, Dietitian, Orthotics, Disability or other services.

We are integrated with the Australia-wide National network, *Polio Australia*, with whom we harmoniously co-ordinate, share ideas, and work to keep abreast of modern standards.

We strive to promote wider professional awareness of the special needs of post-polios. Seminars and discussions are devoted to this purpose, both in WA and Nationally.

Your Network must be alert to the demands of increasingly refined standards of accepted professional practice. Periodic change and updating are inevitable and made ever more vital by the advancing age, and often frailty, of our main Post-polio population.

Dietary supplements have previously been provided through the Network. Now, after a great many years, that supply has ceased because of the likelihood of unwanted effects and toxic drug interactions increasing as we age.

One great change has been Mrs Tessa Jupp's decision to retire. It is well known that Tessa's work was essential in starting the local Network, three decades ago, and that she has given dedicated service ever since. We all wish her well.

As changes are happening, and we are temporarily unable to constantly monitor the telephones, we intend to respond to emails and to keep members informed of progress.

Membership is exclusively for persons who have had polio. The annual Membership Fee as set by the Management Committee is \$10. The anniversary date will be 1 July.

The Post Polio Network Committee

Update From Tasmania

By Arthur Dobson

We are very lucky here in Tassie to have escaped the worst of the COVID 19 outbreak and indeed have so far had no reports of the second round as at the end of August nor have we seen outbreaks in aged care facilities.

The Northern Support Group have started having monthly lunch meetings again with around six people attending but the Southern Group will not be meeting again this year. They may even need to wind up as one of the contacts has moved into a nursing home and another, Rebecca Round, has sadly been diagnosed with a terminal illness. So far no one else has come forward to lead the group.

I believe that Tasmania has the oldest population of polio survivors due to our worst epidemic being in 1937-38. We also have a very

low percentage of elderly people using electronic communication, hence the low numbers responding to online surveys, as well as the lack of interest in other electronic communication.

We are finding an increasing number of our people are passing on simply due to advancing age.

Billie Thow and I make ourselves available, along with other members of the former Tassie Network, to provide information and support where we can. We both have a good relationship with the medical profession.

Senator Wendy Askew, a member of the Parliamentary Friends of Polio Survivors group, is now printing my *Tas Polio News* newsletter, which incorporates *Polio Oz News*. Contact me if you would like to subscribe to receive a printed copy: arthur_dobson@bigpond.com 📧

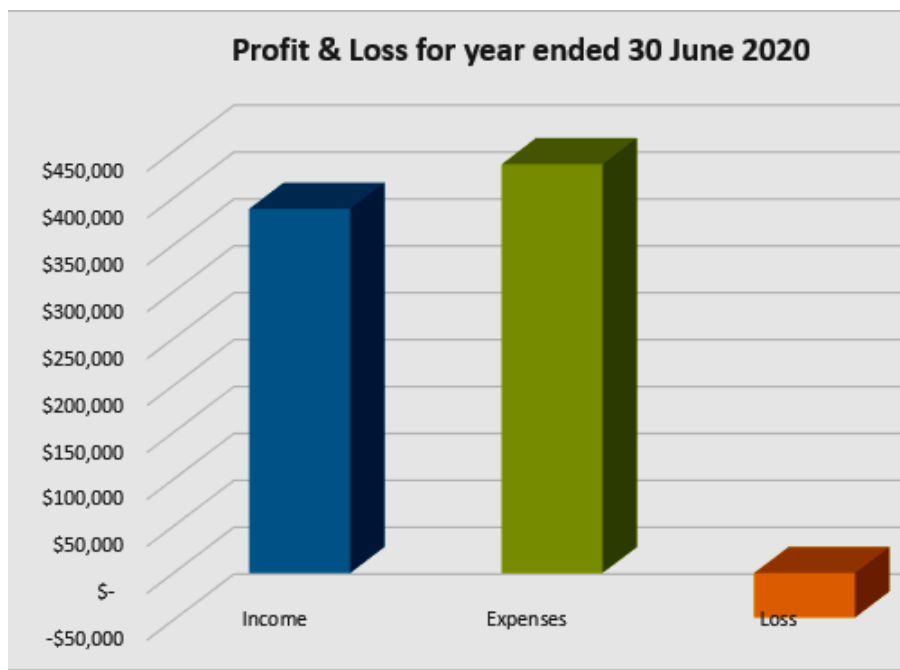
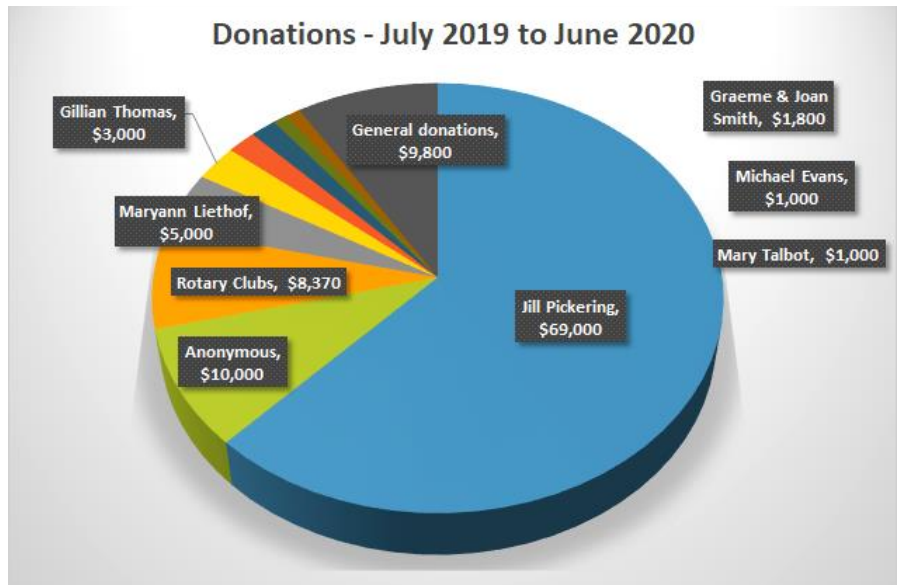
Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 July 2019 to 31 June 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.

Comments on Financial Snapshot — Year Ended 30 June 2020

- Polio Australia received \$388K in income and expended \$436K in expenses, resulting in a loss for the year of \$48K.
- This compares to a loss of \$26K the previous year, a difference of \$22K.
- The main difference in the two years was the funding from Spinal Life Australia of \$100K in the previous year.
- Donations this year were \$111K, up from last year's donations of \$98K.
- The top five donations for the year were: 1) Jill Pickering \$69K; 2) Anonymous \$10K; 3) Rotary Clubs \$8,370; 4) Maryann Liethof \$5K; and 5) Gillian Thomas \$3K.
- This year's income also included income subsidies from the Australian Government in relation to Covid-19 in the amounts of: 1) Job Keeper \$24K; and 2) Cash Boost \$10K.
- The three largest areas of expenditure for the year were: 1) Department of Health (DOH) grant for Clinical Practice Workshops \$152K; 2) Kew Office \$129K (includes cost of running office plus the salary for three part-time staff); and 3) Community Programs for polio survivors \$78K.

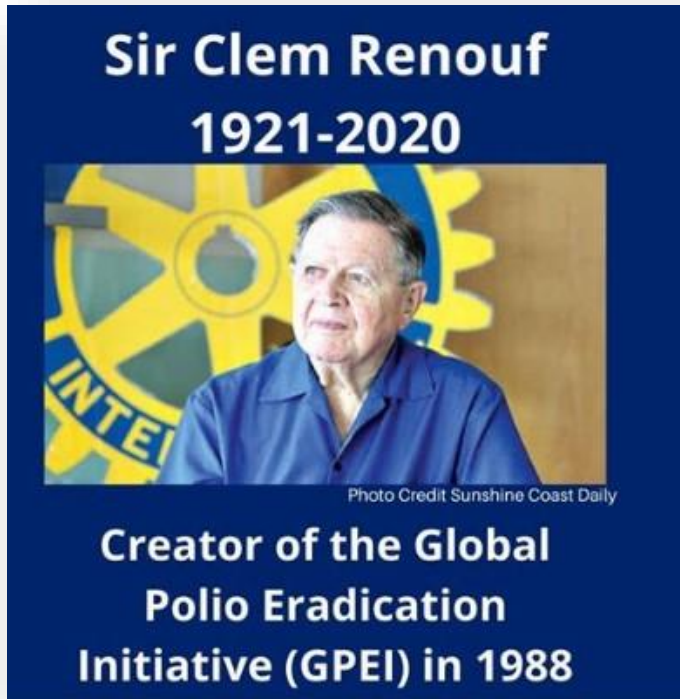


Donations and Bequests to Polio Australia help ensure that all polio survivors in Australia have access to appropriate health care and the support required to maintain independence and make informed life choices. Polio Australia is endorsed by the Australian Taxation Office as a Health Promotion Charity and a Deductible Gift Recipient making all Australian donations over \$2 tax deductible. Polio Australia will issue an official receipt for all donations received.



Sir Clem Renouf Dies At 99

Source: www.rotary.org



Sir Clem Renouf, the 1978-79 Rotary International president who helped propel Rotary toward its top goal of eradicating polio worldwide, has died at age 99 [on 11th June 2020].

Renouf was a member of the Rotary Club of Nambour, Queensland, Australia, for 70 years. He served as RI director, Foundation trustee, district governor, RI committee member and chair, and International Assembly discussion leader.

In early 1979, on a flight home from the Philippines, Renouf read a magazine story about the eradication of smallpox. He wondered if Rotary's new Health, Hunger and Humanities (3-H) Grants could be used to eliminate another disease. They, for the first time, allowed Rotary projects to be taken on by more than just one club or district.

Renouf consulted with a friend, John Sever, who was a district governor in Maryland, USA, and chief of infectious diseases at the United States National Institutes of Health. Sever happened to be friends with Jonas Salk and Albert Sabin, who developed polio vaccines in the 1950s and 1960s. After doing some research, Sever said that polio would be the best disease for Rotary to work on.

"Clem then set his sights on polio eradication as a Rotary worldwide project," wrote Ray Klingensmith, 2010-11 Rotary International president, in a tribute to Renouf. In November 1979, the RI Board agreed to set the eradication

of polio as a primary goal of the 3-H program.

Renouf was instrumental in raising funds for the early effort. *"In order to raise money, Clem asked all the clubs to contribute some cash, which was about \$15 per member, for service projects, and the appeal raised the surprising amount of \$7 million,"* Klingensmith wrote. *"Part of that money was then used to fund the first polio immunization project in the Philippines ... The success was real."*

In 1985, Rotary launched the PolioPlus program, and it later spearheaded the Global Polio Eradication Initiative with its partners — national governments, the World Health Organization, U.S. Centers for Disease Control and Prevention, and UNICEF. The GPEI continues to pursue worldwide eradication of polio.

Renouf served in the Royal Australian Air Force during World War II. After the war, he was an accountant and partner in the firm of Renouf and Clarke. He was an associate of the Chartered Institute of Secretaries and Administrators and a fellow of the Australian Society of CPAs, later called CPA Australia. He was also a founder of Sundale Garden Village for the elderly.

Rotary honored Renouf with the PolioPlus Pioneer Award for his extraordinary service to PolioPlus, as well as the Service Above Self Award, Rotary Foundation Citation for Meritorious Service, and Rotary Foundation Distinguished Service Award. He was a Rotary Foundation Benefactor and Major Donor and a member of the Paul Harris Society and the Bequest Society.

Klingensmith described Renouf as quiet but a natural leader. *"Clem was always kind and supportive of younger Rotarians, and he is the one who gave me a chance to travel the Rotary Road,"* Klingensmith wrote. *"Rotary would not be at the high point it is today without the improvements made by Clem and his team."* 🌐



(L-R) Polio Australia Board Member and Rotarian, Sue Mackenzie, with Sir Clem Renouf, and Sue's husband, Graeme, in June 2019

Still Mobile During Covid-19

Source: www.scootersaus.com.au



Dr John Thearle spent decades teaching and practicing medicine. He's also a polio survivor from the 1940's. But the disease didn't quite go away, as it hasn't for many. Late effects of Polio (LEOP) has made it difficult for him to get about, but John is turning to new technologies to help solve that. Technologies which he says have given him his life back: exploring and enjoying Brisbane, going to the cinema and cafes, and even considering interstate travel once the spectre of Covid-19 has faded.

John and his wife Marylou have had their fair share of adventures. Four years after graduating, John got a post as a ship's surgeon and sailed to Europe. He met Marylou, a nurse from Brisbane, while working on his Paediatric speciality. They were both part of close-knit and vibrant communities of expats and doctors in Bath, Bristol and Edinburgh.

Fifty years and a lifetime of providing healthcare later, the couple are well-equipped to understand the scope and implications of the current Covid-19 pandemic. Being part of a high-risk group has given them some pause for thought, but they have by no means stayed shut up inside.

The duck ponds and university grounds of St Lucia, Brisbane are regular destinations, sunny and idyllic alternatives to the computer screens many of us have been stuck with.

But until Christmas Eve of last year, outdoor expeditions weren't really a possibility for John. He was using a walking stick and a wheelie-walker to help him move. But that only alleviated his problems somewhat. He could manage short trips from the car to a shopping centre, but not much more.

Tipped off by a patient of Marylou, now practising as a Podiatrist, the couple visited a mobility scooter store in Chermide. They left bearing a curious little machine, a Luggie Scooter. Its small and manoeuvrable frame was perfect for John. He could make it to nearby parks on his own steam or he could transport it in the boot of his Camry to go further afield. Air travel was now even a possibility.

Covid poured cold water all over the couple's plans to visit their daughter in Sydney, but they are confident that they'll make it there soon, and who knows where after that.

Kavita Shetty, who sold the scooter to John and Marylou, says that their story is becoming increasingly common.

"More than anything else, people want to stay mobile. They hear about the Luggie and it changes their life", she said.

"Fingers crossed the world opens back up soon, and we can all return to exploring and enjoying the outdoors, including John and Marylou", said Kavita.

For more information on the Luggie brand of scooters go to www.scootersaus.com.au or phone 1300 622 633

ARE YOU A ROTARY MEMBER?

Are you interested in helping spread the word about the Late Effects of Polio among the Rotary community?

If so, please contact Steph at steph@polioaustralia.org.au or 0466 719 613.

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Massage And NDIS

By Liz Telford OAM (*polio survivor, Vic*)

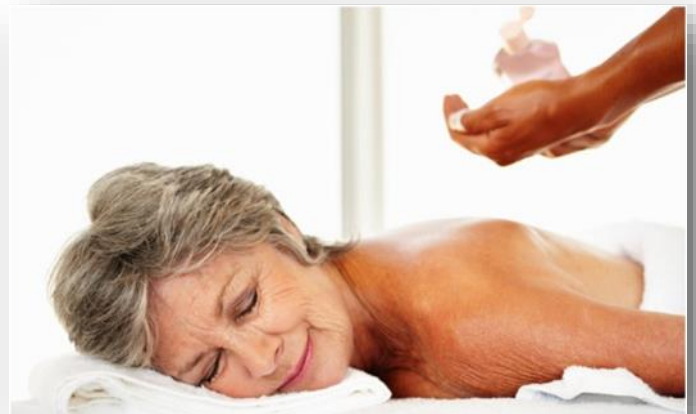
Did you know? Self-managed NDIS participants can use their discretion to depart from the services that were identified in the plan as long as this is in line with their goals. This can include massage provided by a massage therapist, a service the NDIA will not otherwise fund unless provided by a physiotherapist.

As an NDIS participant, my first Plan was NDIA-managed. I was informed that the NDIA did not fund massage. So in all my Plans I have included the other key elements I need to help me maintain my mobility – physiotherapy, hydrotherapy and assistive technology. I left out massage.

Massage has been an essential part of managing my pain and mobility for over three decades. Deep tissue massage provided by my well trained remedial massage therapist stretches out muscles that my uneven gait stresses in an irregular way, releases the spasm in my overworked weakened muscles, and it allows my joints to relax in a more optimal position. The effects last for a few days and are cumulative if I have them regularly. And I do, just not covered by the NDIS.

Many people I have met who have a disability have described how they too benefit from massage and, if they can afford it, include it in their maintenance plan.

I wonder what is the "evidence base" that the NDIA refers to? I would love to know what outcomes the research focused on, and who were the subjects. Was it measuring the effectiveness of massage on maintenance of



muscles in bodies with physical disabilities as a part of an overall program? Did it consider how massage can assist with pain management and support wellbeing? Did it focus on massage therapists with the appropriate training?

COVID restrictions meant I needed authorisation to see my massage therapist to travel legally. It is only because I called my Local Area Coordinator to ask if she would provide that endorsement, telling her that I am not asking for the funds to *pay* for the massage, that she told me that I could have been using my funds to pay for the massage all along! The NDIA will not fund massage, but self-managed participants can use their funds for this, as long as it is in line with their goals.

There is a whole other discussion about who should be eligible for the NDIS. There are many inequities in the way disability services are delivered. This needs to be the subject of another article. 🌈

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As the first National Conference held outside a capital city in 10 years, OTA selected Cairns as the host city in 2021 to support, and generate conversations with, our rural and remote OT community.

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See you online, or in-person – in 2021! To find out more about what a hybrid event means, [read our blog post here.](#) 🌈

Robert Piper Battled Polio

... then a motorbike crash launched him into wheelchair sports

By Claire Lindsay

Source: www.abc.net.au — 26 July 2020

Polio is just one of the significant battles in Robert Piper's life. But, the Gomeri man has embraced his hardships in a bid to inspire others.

At seven months of age, he was diagnosed with poliomyelitis, affecting both of his legs, lower-back and right-hand side of the body.

Nicknamed 'Wobbly Bob' by his grandmother because he was unable to sit upright, Mr Piper said there was not a great deal of understanding about the disease, especially at school, which had its own set of challenges.

"I grew up white because back in those days you weren't allowed to be Aboriginal," Mr Piper said. "You had to sit at the back of the class because you weren't bright enough to be at the front or in the middle of the class."

Growing up in Baradine, in western New South Wales, Mr Piper said he loved to drive — whether it be cars, tractors, motorbikes or trucks — even a little recklessly at times, and would often go past the point of being safe.

"There were only two speeds and that was 'stop' and 'go' — and no in-between".

Because of his polio, Mr Piper said he has been "behind the eight ball" his whole life but has maintained a positive outlook. *"You're already beaten, but you're not out,"* he said.

The life-changing accident

Mr Piper went on to play many sports, from touch football to basketball, finding his own unique style when walking and running.

But in 2014, Mr Piper went from playing numerous sports a week to being bound to a wheelchair after a motorcycle accident.

"My body rolled and my leg didn't, dislocating my knee and rotating my legs 180 degrees," he said.

During the extensive recovery period there were a lot of times when Mr Piper thought: *"what have I got left now?"*

"If someone came in and gave me a [lethal] injection, I'd probably help them," he said. *"That's the way I was feeling."*

The crash resulted in months of intensive rehabilitation as Mr Piper was determined to walk and play sport again.



"You have to fight to get yourself out of that situation, and plan," he said. *"It might only be two hours ahead, that two hours becomes a day, and then a week, and then a month."*

When a physiotherapist suggested wheelchair basketball, Mr Piper quickly got to modifying a chair, and taught himself to play by watching online videos.

"I was introduced to it and liked it because it was getting back to sport ... loved it," he said. *"It's a different strength and mindset, moving your hips to adjust the chair to have a shot, throwing the ball an extra metre because you're a metre down."*

At his first competition in Sydney, Mr Piper met the Coffs Harbour wheelchair basketball team. It was then that he made the decision to relocate to the coastal centre and play with the team permanently.

Wheelchair basketball is not the only sport Mr Piper excels at — he is also a disabled strongman and handcyclist.

Wheelchair basketballer aims to inspire

Mr Piper has been so successful with wheelchair sport, he has taken on the role of President of Coffs Harbour Wheelchair Sports.

His work extends to community outreach, mentoring, and inspiring youth who are learning the power and importance of community.

From a young age, Mr Piper made the connection between physical fitness and mental health.

"We need to tap a mate on the shoulder and say 'ay, are you ok?'" he said. *"Come for a walk with us or let's go push together somewhere or go and have a coffee go and have a yarn."*

Mr Piper hopes that in sharing his story of resilience and hope, he can motivate others in a chair to get out there and have a go.

Link to article [here](#).

Modern Lessons From Our Polio Past

Before there was a vaccine, one polio treatment used infected blood to create a serum. But there are lessons to be learned from the past when it comes to COVID-19

By Professor Joan McMeeken
University of Melbourne

Source: [The University of Melbourne](#)
– 10 July 2020

Scientists are still working to understand whether the blood plasma of people who have recovered from COVID-19, which potentially contains antibodies against the virus, could be used as a treatment for coronavirus patients.

The jury is still firmly out when it comes to the research – one recent study from China was unclear about any benefit, and another from Johns Hopkins University in the US offered a hint of potential.

Blood plasma of people who have recovered from COVID-19, which potentially contains antibodies against the virus, could be used as a treatment for coronavirus patients.

But, this isn't the first time that a treatment like this has been proposed for a disease for which there's no current treatment or prevention.

History Repeating

A little over a century ago, in 1917, orthopaedic surgeon Dr Robert Lovett described what he was seeing:

"No recent event in medicine has caused more anxiety than the epidemic of poliomyelitis during the summer of 1916 ... the history of the 1907 epidemic and similar records give reason to fear extensive recurrences of the disease. ... a humanitarian and economic problem of no mean dimensions."

This was the situation in the United States of America, where of the 27,000 cases of polio reported in that country, half were in New York – with a fatality rate of some 26 per cent.

But many have since forgotten the virus that caused epidemics throughout the world for five decades before effective vaccines were developed.

Poliomyelitis, or infantile paralysis as it was initially known, frightened communities and governments around the world.

Schools, movie theatres, swimming pools and some interstate borders were closed. Families with affected members were ostracised and many despaired of ever finding a means of preventing the virus.

Before a vaccine was developed in the mid 1950s and introduced into Australia in 1956, one of the treatments used injections of serum taken from the blood of people who had recovered from the acute phase of polio.

The use of serum – which is plasma minus the clotting agents within blood – began to be used in the treatment of polio from the beginning of the twentieth century.

The theory was that the serum of patients who had recovered from polio would contain antibodies which could potentially transfer to others in an attempt to prevent paralysis or lessen its severity.

Although no randomised clinical trials were undertaken, enthusiastic medical practitioners and pressure from worried parents promoted the approach. 🌈

This is an excerpt from a longer article. Link to the full article [here](#).



A physiotherapist attends a mother and her two sons with polio. Both boys are in splints. The child lying down is in a Double Thomas splint with an upper body section indicating that all his limbs are affected by paralysis. The child standing is wearing a corset which means his trunk muscles are affected as are those of his left arm which is in an abduction splint.

Picture: Courtesy, Australian Physiotherapy Archives.



Echoes Of The Past

Can We Apply Lessons Of The Polio Era To The Coronavirus Pandemic?

By **Tara Haelle**, Senior Contributor, Healthcare

Source: www.forbes.com – 17 August 2020



Photo by Tara Haelle: A child receives two drops of the oral polio vaccine in a village outside Delhi, India, on the country's National Immunization Day January 19, 2020.

When I first visited India in 2005, the country still had 66 cases of polio. But when I flew to India this past January, I landed in a country that had been polio-free for nearly six years. India achieved its polio elimination milestone in 2014, along with the rest of the World Health Organization's South-East Asia Region.

In fact, the whole reason I was flying to India was to observe India's National Immunization Days, an initiative begun in 1995 by the Indian government with Rotary International and its Global Polio Eradication Initiative partners. Rotary had flown me there so I could see how a country of 1.4 billion people mobilized community leaders, healthcare workers, local volunteers and Rotary club member volunteers from around the world to administer the oral polio vaccine to every single child under 5 in the country.

Four doses of the vaccine are usually adequate to protect children against poliovirus, but those who live in areas where polio thrives—regions with hot weather and poor sanitary conditions—often need additional doses for full protection, so even previously immunized children receive the vaccine during the biannual National Immunization Days. The only two countries where wild polio cases still occur are Afghanistan and Pakistan. As India's neighbour, Pakistan in particular could be a potential source of imported cases.

Yet even while there, the idea of polio—the disease itself—felt remote. I saw evidence of polio's destruction in some Indians I passed on the street, who had a halting gait or a missing

limb, and we visited a polio ward not far from Delhi. But the ever-present fear of a disease that might ravage my community the way polio did in the US in the 1950s, the same fear that brought eager parents out with their children to get vaccinated during those immunization days, wasn't something I had ever personally experienced.

The irony, of course, is that I would, very soon. Even as I was flying home in late January, a new coronavirus that didn't even have a name yet was silently making its way across the world too. I wouldn't find out until months later how lucky I had been not to catch Covid during my trip home. My memories of my recent India trip, specifically to observe nationwide polio immunization, are unavoidably entwined with the experience of descending into the largest pandemic in a century.

It's no surprise then that I've frequently wondered about what parallels might exist between today and the polio epidemics my parents lived through. As I spoke with people familiar with those years, I discovered that trying to compare the eras is more complicated than I expected.

Fear and Uncertainty

Some aspects are predictably similar, particularly the anxiety and uncertainty that accompany a serious but invisible threat lurking throughout a community that previously felt safe.

"There was anxiety always," said Anne Lee Hussey, who was 17 months old when she contracted polio in 1955, just months after the vaccine became available. Though her four older siblings all developed a fever that was likely from polio, Hussey was the only one to develop paralysis.

"Friends would go home when school was out and were never allowed to see their friends in the summer," she said. *"Parks were closed, swimming pools were closed—they didn't see their friends again until they returned to school, and there was always one seat that was empty because somebody didn't come back at all."*

As with Covid-19, not everyone who contracted polio showed symptoms, but those "silent carriers" could still transmit the virus to others. And polio lacked a cure.

"I can especially relate to the fact that they didn't know how to treat polio," Hussey said. *"They learned as they went, and that's what we're doing with Covid-19."*

Another similarity is the heartbreaking isolation that sick patients experience.

Echoes Of The Past *(cont'd from p15)*



Photo by Rotary International: Ann Lee Hussey spoke on World Polio Day on October 24, 2018, at an event by the Global Polio Eradication Initiative.

"I was in hospital for five months, and I can recall laying in my bed and looking out the window and seeing my brother on the other side, but they wouldn't let him in," Hussey said.

And she worries about the potential for another similarity: long-term effects from the disease we don't yet know about. *"At the time people had polio, they didn't know about post-polio syndrome,"* she said, referring to the condition that can affect up to 40% of polio survivors decades after their infection.

Peter Salk, who was 10 years old when his father Jonas Salk developed the polio vaccine, lived in the country during those years and doesn't remember as much about closures in the summer. But he does remember the summer his family stopped going to Lake Erie as they had for the previous seven years.

"My parents just wouldn't take us because of polio," said Salk, today president of the Jonas Salk Legacy Foundation and professor of infectious disease and epidemiology at the University of Pittsburgh. And he recalled stories from others who couldn't go to summer camp or the movies.

It was the town's only movie theatre shutting its doors that James Cherry, MD, an infectious disease paediatrician and a professor at UCLA's David Geffen School of Medicine, remembers most clearly. He was in medical school when the vaccine came out, but he recalls how big a deal it was when he was younger to go two miles to the next town to see a movie—only to discover that theatre was closed too. He also remembers the swimming pools closing, since a major transmission method of polio was through water.

"Once there was polio, swimming pools would close," he said. In the Pulitzer Prize-winning book, *Polio: An American Story*, historian David Oshinsky describes how communities across the US tried to manage the invisible threat, including closing their borders, not allowing trains or buses to stop, or not allowing outsiders to disembark in the town.

Today Is a Different World

But those scattered local measures differ vastly from the statewide and nationwide shutdowns of March and April that remain in effect in many

places. And aside from the fear that led the local theatre to close for the summer, *"There's really nothing similar,"* Cherry said about today's pandemic and past US polio epidemics. He focused especially on the viruses themselves: polio was an ancient enterovirus that people had lived with for millennia, whereas a brand new coronavirus causes Covid-19.

The ages of those most vulnerable also differs, pointed out Stanley Plotkin, MD, a CDC veteran and vaccine developer responsible for the rubella vaccine. With polio, it was primarily parents terrified for their children, even though adults could catch polio too, but with Covid-19, it's older adults most at risk.

The biggest difference, however, has nothing to do with the virus itself.

"This is a different world," Salk said. People today are not used to facing as much serious infectious disease as in the 50s, when nearly everyone caught measles, pertussis, rubella, chickenpox and other diseases. Even more profoundly, something has also changed in the way people think about science, business and government, Salk said. There's been an *"evolution of scepticism"* that has eroded people's trust.

"There was some innocence, in a sense, in the 50s," Salk said. He described the polio vaccine's reception, *"a huge gift given by science to the people of this country that was absolutely welcomed and wanted, but we're living in a different age right now. People want a vaccine, but they're suspicious,"* he said, compared to the 50s when parents eagerly signed up 1.8 million children to participate in clinical trials funded almost entirely through private donations.

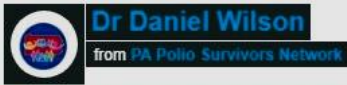
Plotkin agreed, pointing out the rampant misinformation that has particularly thrived on platforms like Twitter, Facebook and Instagram.

"I do think that social media has allowed incorrect information and stupid ideas to circulate, which was not so easy in the past," he said.

Disease outbreaks have always been fertile ground for conspiracy theories and outlandishly (or seductively) false ideas to thrive, and polio epidemics were no different: Word of mouth implicated everything from cats to ice cream during US polio epidemics. But never has there been so much misinformation and conspiracy theories traveling so widely so fast from so many different sources as today. And that phenomenon intersects with two other major differences today: politics and US journalism.

This is an excerpt from a longer article. Link to the full article [here](#).

Polio, Coronavirus, Flu And Fear



Dr. Daniel J. Wilson, PhD Polio, Coronavirus, Flu and Fear

Presented by the PA Polio Survivor's Network
www.papolionetwork.org



Polio, Coronavirus, Flu and Fear: A Casual Conversation with Daniel J. Wilson, PhD

Dr. Wilson's talk has been divided into multiple chapters (as shown by the small blue circles).

"Hover" over the circle to see the chapter title. You can watch it all at once or chapter by chapter.



Click on the following link to PA Polio Survivor's Network website and watch Dr Daniel Wilson's talk [here](#)

Telehealth Offering Virtual Pain Management Support

Source: www.painaustralia.org.au

With COVID-19 jumpstarting the implementation of one of the most ambitious health reforms the Australian health sector has seen, it is encouraging to note that the major expansion of telehealth services has ensured ongoing access to care during these times of social distancing. While the aim may have been to reduce healthcare workers' and patients' exposure to infection, it has paved the way for some very welcome change across pain management.

Margaret Vandermost, Senior Clinical Psychologist, Gold Coast Health, shares her experience of new ways of working during the COVID-19 response. Her story highlights the need to assess and review patients' views on the changes to make sure the right practices can be retained in the new normal.

"It is interesting to look at Business As Usual pre-COVID and assess what has changed and whether it is useful or not. From a persistent pain management point of view, our patients were often failing to show for appointments—roughly 30% of booked appointments. With the introduction of telehealth appointments, and alternative measures for those with limited connection—we've experienced a significant reduction in those that fail to show up for appointments. Currently, our rate of no-show patients is down to approximately 10%, with most patients contacting us ahead of time and rescheduling, rather than a no-show."

Margaret and the IPPC team meet virtually to discuss patient experiences.

"These days, our cohort is more comfortable attending appointments from their living room or bedroom, but I am still unsure whether this change is positive. The positive side to staying at home means we have the ability to maintain frequent contact, but contrarily, this impacts the work we've put towards creating opportunities and reintegrating our patients into 'life outside'. As a psychologist, I still see face-to-face as the gold standard, allowing me to see the micro changes in behaviour that can create therapeutic space. When we return to the 'new normal', I believe a compromise in this working arrangement is most appropriate; face-to-face as the first line offer, and telehealth as a backup, to support patients when their circumstances prevent them from attending. We've found new ways of working through these unique times but want to ensure that these changes work for our patients. At the moment, we're surveying all our patients to understand the effectiveness of our telehealth services, and whether this is something we can continue to integrate into the new normal as and when it arrives."

If you have been accessing pain management through telehealth this year, we would love to hear from you. Please share your experience by email to admin@painaustralia.org.au.

Link to article [here](#).

The Definition Of Pain

By Carol Bennett, CEO, Painaustralia

Source: www.painaustralia.org.au
– 23 July 2020

This week, the International Association for the Study of Pain (IASP) has announced the revision of the definition of pain, after a long spanning international consultation process lasting over two years.

The old IASP definition of pain as *"An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage"* was recommended nearly 40 years ago in 1979.

When IASP began consulting on the proposed new definition, Painaustralia reached out through our networks. We heard back from many consumers, who were understandably very concerned about the definition, with many pointing out several of the widely held criticisms: explicit association of pain with tissue damage and an over-emphasis on the observer's perspective of pain.

Painaustralia's own submission to the IASP was supportive of the intention of the IASP to clarify the definition of pain. In particular, we strongly supported the clear link to biological, psychological, and social factors as included in the accompanying notes.

The revised new definition is now *"an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage"*. The revised IASP definition also includes six notes and the etymology of the word *"pain"* for context.

While on a quick glance the change in the definition of pain and accompanying notes might seem minor, these changes are important. One of the revised notes specifically notes that 'A person's report of an experience as pain should be respected.' This understanding is crucial to patient engagement in pain management, and if overlooked can have many unfortunate consequences, as we have heard through

consumer reports of having pain dismissed.

The new definition and its accompanying notes will also be very important in the international context of pain management. Like the old definition, the new one will become accepted widely by health care professionals and researchers in the pain field and adopted by several professional, government, and nongovernment organisations, including the World Health Organization.

Painaustralia is pleased to note progress across pain management internationally, even in the context of chaotic healthcare challenges due to the pandemic. Recently we have provided input to the Canadian Pain Taskforce Consultation on ways to improve how we understand, prevent and manage pain in Canada as well as the American Centers for Disease Control and Prevention (CDC) and Department of Health and Human Services (HHS) consultation on Management of Acute and Chronic Pain.

New international research has now also flagged the potential for a significant increase in chronic pain after the COVID-19 pandemic. Now more than ever, we must recognise the importance of working together across the globe to tackle the international public health challenge of chronic pain.

If COVID-19 has taught us anything, it should be that health policy must be a continuous process of quality improvement and we must look to other countries to learn from their experiences and improve our own.

In the Australian context implementing Australia's own Action Plan would go a long way towards ensuring we can respond to increased demand for appropriate responses to chronic pain post-pandemic. Let's hope that Australia's government can look beyond medication regulation to more sophisticated ways of supporting Australians living with chronic pain conditions.

Link to article [here](#).

You can now access an updated National Pain Services Directory, which lists over 200 public and private facilities, provides mapping and navigation information, as well as listing the various services provided at each facility.

The pain services directory can be accessed via the Painaustralia website:
www.painaustralia.org.au/getting-help/pain-directory



No Time To Be Complacent About Polio In Australia

by Medical Journal of Australia (MJA)

Source: medicalxpress.com – 6 July 2020



Credit: Nick Youngson—www.nyphotographic.com

Despite being declared polio-free in 2000, Australia consistently fails to reach some World Health Organization (WHO) benchmarks for adequate surveillance, showing a "level of complacency among physicians," say the authors of a Perspective published online today by the *Medical Journal of Australia*.

There are only two countries in the world where wild poliomyelitis still exists—Afghanistan and Pakistan. However, oral vaccine strain virus can slowly accumulate mutations over time, which eventually revert to neurovirulence—these strains are known as vaccine-derived poliovirus (VDPV). Papua New Guinea reported an outbreak of VDPV in 2018, the Philippines had 15 cases in late 2019, and Malaysia reported three cases in 2019 and one so far in 2020.

Professor David Durrheim, the chair of Australia's National Polio Certification Committee, and colleagues warned that the proximity of these VDPV outbreaks required more vigilant surveillance from Australian physicians.

"Between 2012-13 and 2017-18, the median number of annual arrivals for Philippine citizens to Australia was 141 813, with 8% of these arrivals being children younger than 15 years," Durrheim and colleagues wrote.

"Screening individuals at our borders is not an economically viable option to prevent poliomyelitis, thus highlighting the importance of optimal immunization and high-quality surveillance."

Adequate clinical surveillance of poliomyelitis is based on two key WHO indicators—first, achieving an acute flaccid paralysis (AFP) detection rate of at least one case per 100,000 children younger than 15 years; second, the WHO requires enterovirus culture on two stool samples collected at least 24 hours apart, both within 14 days of onset of paralysis, for at least 80% of reported AFP cases.

"While Australia has met the surveillance target for AFP detection for the past 11 years, we consistently fail to reach the WHO benchmark for stool submissions," wrote May and colleagues.

"In 2018, adequate stool collection was achieved in only 44% of Australian AFP cases and 2019 results are currently at 65%. The most populous states of New South Wales and Victoria consistently underperform, with rates of 33% and 42% respectively for 2018. In 2018, three cases of AFP and anterior horn cell abnormality on magnetic resonance imaging in young children were reported to WHO by Australia as 'poliomyelitis compatible' because of a lack of adequate clinical information and appropriate stool sample collection."

Durrheim and colleagues wrote that "there appears to be a level of complacency among physicians due to the rarity of clinical poliomyelitis in Australia."

"In addition, there is a lack of awareness in the diagnostic chain regarding the importance of laboratory surveillance. Clinicians should not fear that they are being alarmist in notifying AFP cases that they believe have negligible risk of poliomyelitis. The emphasis on detection and investigation of AFP cases despite an alternative diagnosis may seem pointless for an individual case, but at a national level, it allows confidence in the integrity of surveillance and, ultimately, achievement of poliomyelitis eradication.

Clinicians are reminded that poliomyelitis as a diagnosis should be excluded in all cases of AFP; faeces collection from all AFP cases independent of age should be viewed as a priority to ensure the country remains poliomyelitis-free and as an opportunity to maintain surveillance, even when another diagnosis is confirmed or highly likely," they concluded. 🌐

Link to article [here](#).

Yemen—Polio Outbreak

Source: erccportal.jrc.ec.europa.eu – 25 August 2020

**Emergency Response Coordination Centre (ERCC)
European Civil Protection and Humanitarian Aid Operations**

- A polio outbreak has been declared in Yemen following 15 reported cases of vaccine derived poliovirus type 1 (cVDPV1) in the first weeks of August 2020.
- The cases were detected in different districts of Sa'ada Governorate, in the north-west of the country. Children aged from 8 months to 13 years are affected. Significant challenges and delays in the shipment of stool samples from Yemen during the last two years have resulted in delayed detection.
- An outbreak response is being implemented by UNICEF and WHO in support of the local health authorities. Local impediments, including security, limit the application of internationally recommended protocol of house-to-house vaccination campaigns. 🌐

Pakistan: Drastic Measures Needed

IMB says if drastic measures not adopted then polio could be worse in six months

Source: www.thenews.com.pk
– 1 September 2020



The Independent Monitoring Board (IMB) in its latest assessment of the global polio eradication programme warned that if Pakistan does not adopt transformative measures to eradicate poliovirus from the country in the next six months, the situation could become dire.

The 18th report of the IMB, which comprises global experts, is hopeful that Pakistan still has a chance to root out the crippling disease. *"There is a new impetus for change and for rapid progress to be made,"* it highlights. *"If that does not happen in the next six months, if those changes do not get rolling, the wheels will come off the Pakistan bus."*

Citing modelling data, the report notes that Pakistan is at the risk of wild poliovirus cases reaching 500 by the end of 2020 and vaccine-derived poliovirus cases reaching 1,000.

"Unless renewed, well-planned and sustained polio vaccination is resumed for the remainder of 2020, the consequences of the inevitable large outbreaks of both kinds of poliovirus will be dire for Pakistan, Afghanistan and probably other countries as well," it adds.

The situation is "extremely worrying" as the outbreak of the poliovirus spreads to previously

polio-free areas in the country.

Before the release of the independent assessment report, the IMB team was briefed by Dr Zafar Mirza, the former special assistant to the prime minister for Health. He was accompanied by the National Emergency Operations Centre Coordinator and a representative of the Pakistan Army.

The report notes that Dr Mirza left his post "unexpectedly" while the report was being compiled. *"There was no inkling of it when he attended the IMB meeting."*

At the moment, there is no focal person to the prime minister for polio eradication, after the departure of Babar bin Atta in October.

"The current duality of Minister and Head of the National Emergency Operations Centre has replaced the previous, three-person team that included a Prime Minister's Focal Person for Polio Eradication," the report observes, *"The IMB expressed its concern to the then Minister [Dr Zafar Mirza] that his heavy personal workload... inevitably meant that his time for polio would be under severe pressure."*

Another setback to the program, notes the report, comes from the absence of political unity. At the November 2019 meeting, Dr Mirza had announced that he would bring all political parties and interests together for regular meetings at the national level.

However, later the doctor told the Board that no formal meeting of this kind had yet taken place by explaining that there had been a change in his approach to engaging with the political leadership. Instead of having big meetings, he was working with them at a more personal level 'behind the scenes', the report states. *"This sends a confusing message about the government's ability and determination to create an unambiguous and non-partisan commitment to everything necessary for success in polio eradication."* 🌐

Africa Celebrates

Africa Celebrates the End of the Wild Poliovirus (but Not the End of All Polio)

By Ruth Maclean

Source: www.nytimes.com – 24 August 2020

A virus that once paralyzed tens of thousands of children a year is said to have been eradicated on the African continent, though a minor strain still infects hundreds.



Photo: Administering a polio vaccine in the Democratic Republic of Congo in 2010.

Credit: Gwenn Dubourthoumieu / Agence France-Presse — Getty Images

DAKAR, Senegal — Africa is set to announce that it has stamped out wild poliovirus after a three-decade campaign against a disease that once paralyzed 75,000 children on the continent every year.

The achievement is a major step toward ridding the globe of the virus that causes the disabling — and sometimes deadly — disease of polio: Only Afghanistan and Pakistan are still reporting cases.

"Future generations of African children can live free of wild poliovirus," Dr. Matshidiso Moeti, the World Health Organization's director for Africa, said in a briefing on Monday. She said 1.8 million cases of polio-related paralysis had been prevented over the past 24 years.

But the victory has a hollow note. Every year, hundreds of people across Africa are still being infected with circulating vaccine-derived poliovirus, which can infect people in areas where there is only partial vaccination. African cases of the vaccine-derived strain, which results in the same symptoms as the wild kind, increased to 320 last year from 68 in 2018, and could rise again in 2020 because many vaccination campaigns were paused during coronavirus lockdowns.

The polio-free certification applies to what the World Health Organization calls the Africa region — one of its six global zones of operation — and it excludes North Africa. But no North African country has recorded a case of wild poliovirus since 2004, so the whole continent is now considered free of it.

The 46 presidents of the region (there would have been 47, but the president of Mali was recently deposed in a coup) will celebrate along with supporters of polio eradication efforts, among them the Microsoft founder Bill Gates and the Nigerian billionaire Aliko Dangote, on a video conference call on Tuesday.

The United States has been free of wild polio since 1979. The Global Polio Eradication Initiative started in 1988, with the aim of eradicating polio worldwide by the year 2000.

Nigeria was a major sticking point on the African continent. After northern Nigeria boycotted the vaccine in 2003 because of rumors about its safety, an outbreak there spread to 20 countries in five years.

A huge effort was initiated to change minds about the vaccine, and by 2015, it seemed that the situation was under control and rumors sufficiently squashed. But then, in 2016, four new cases of wild poliovirus were reported.

The state they came from, Borno, in northeastern Nigeria, was the site of a vicious insurgency by the extremist group Boko Haram, and getting to the people living there was extremely difficult, both because of the danger and because the Nigerian authorities frequently denied access for aid workers.

But after the four cases surfaced, the global health infrastructure swung into action. Nigeria's president instructed the military to work with the vaccination teams. A mammoth effort began, using satellite imagery, data analysis and daring methods of getting to seemingly impossible-to-reach children.

Dr. Pascal Mkanda, the World Health Organization's polio eradication coordinator for the Africa region, said: *"There's no program like the global eradication program. There's no program which uses so much data, so much innovation."*

Vaccinators in Borno adopted a *"hit and run"* strategy. When the military told them an area was safe, they would start a campaign there within 48 hours. More than 800,000 children were vaccinated this way in 2016. Others were vaccinated at markets on the edge of Boko Haram-occupied territory, when they came to buy provisions.

Africa Celebrates *(cont'd from p21)*

When they went back to their communities, Dr. Mkanda said, the vaccine went through their digestive systems and out into the environment, and other children, who had not been inoculated, could then pick it up and also become immune.

Circulating vaccine-derived poliovirus spreads in the same way, except that the virus mutates over time and causes polio. For example, say vaccinators go to a village to inoculate children. The children line up by the church or market and get some drops squeezed into their mouths. The drops include a live but weakened version of the virus, which attaches to receptors in the intestines and is absorbed. The weakened virus cannot cause paralysis but teaches the child's immune system to create antibodies that will fight the real thing if it were to come along.

If some children do not get the message that day, or their parents distrust the vaccine and keep them home, or the vaccinators have to leave early, they may still benefit. If any stool from vaccinated children contaminates local drinking water — or even a puddle that a child might splash in and then ingest — the virus can immunize other children, too.

Very rarely, however, the vaccine virus can mutate back into something resembling the wild kind. If that vaccine-derived mutation keeps spreading because nearby villages are not fully vaccinated, it can, in a few cases — about one infection in 200 — paralyze people.

The name of the polio strain may give the impression that people contract it from vaccinations, but that is not the case. *"It's not very well-named,"* said Heidi Larson, director of the Vaccine Confidence Project at the London School of Hygiene and Tropical Medicine. There has been talk of altering the name to something less misleading, she said, but any change would probably take too long.

While there has been success in Africa, there has been an increase in cases of wild poliovirus since 2018 in Afghanistan and Pakistan, where vaccinators are threatened with violence, and often killed.

"We need to look immediately at the most difficult circumstances, the most disadvantaged people, the most vulnerable people, the hardest to reach people — because that's where we end up with the struggles at the end," said Dr. Moeti, the WHO director for Africa.

There is a parallel to be drawn with the coronavirus pandemic, she said. *"Those people who have the hardest life circumstances for one reason or another are the worst affected in terms of the mortality due to Covid-19,"* she said, *"and we are learning this lesson repeatedly."* 🌍

Link to article [here](#).



Photo: Children waiting for a polio vaccine in 2016 at a camp in Nigeria for people displaced by the extremist group Boko Haram. Credit...Sunday Alamba/Associated Press

Polio This Week

Source: [Polio Global Eradication Initiative](#) — as of Wednesday 3 September 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	104	303	84	113	174	368
—In Endemic Countries	104	108	84	18	174	40
—In Non-Endemic Countries	0	195	0	95	0	328

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	37	54	17	0	29	0	20 Jul 2020	6 Jul 2020
Angola	0	3	0	31	0	130	N/A	9 Feb 2020
Benin	0	1	0	0	0	8	N/A	16 Jan 2020
Burkina Faso	0	9	0	0	0	1	N/A	10 May 2020
Cameroon	0	4	0	0	0	0	N/A	11 Apr 2020
Central African Republic	0	1	0	9	0	21	N/A	5 Feb 2020
Chad	0	56	0	0	0	11	N/A	27 Jun 2020
China	0	0	0	1	0	1	N/A	25 Apr 2019
Democratic Republic Of The Congo	0	23	0	35	0	88	N/A	28 Apr 2020
Ethiopia	0	17	0	4	0	12	N/A	13 Jun 2020
Ghana	0	11	0	1	0	18	N/A	27 Apr 2020
Guinea	0	8	0	0	0	0	N/A	28 May 2020
Myanmar	0	0	0	6	0	6	N/A	9 Aug 2019
Niger	0	4	0	1	0	1	N/A	15 Mar 2020
Nigeria	0	2	0	16	0	18	N/A	18 Jun 2020
Pakistan	67	52	67	3	145	22	24 Jul 2020	11 Jun 2020
Philippines	0	1	0	0	0	14	N/A	15 Jan 2020
Somalia	0	2	0	3	0	3	N/A	29 Jun 2019
Togo	0	9	0	0	0	8	N/A	3 May 2020
Zambia	0	0	0	1	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 www.polioaustralia.org.au/living-with-polio.

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
- Women's 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