



# Polio Oz News

December 2020—Summer Edition

## Australia's Been Free Of Polio For 20 Years

**By Emily Doak**  
ABC Riverina

**Australia's been free of polio for 20 years, but doctors say we still need to vaccinate**

**Source:** [www.abc.net.au](http://www.abc.net.au)—30 October 2020

It has been 20 years since Australia was declared free of polio, thanks in no small part to the introduction of vaccines in the 1960s—but doctors say it is still important to get the jab.

### Key points:

- Polio is a highly infectious disease that can lead to long-term disability, paralysis and death
- Australia has been polio-free since 2000
- As many as 40,000 Australians experienced paralytic polio in epidemics during the 1930s and '50s

The vaccine is included in the Australian childhood immunisation schedule.

According to paediatric infectious diseases specialist Phil Britton, from the Children's Hospital at Westmead, 95 per cent of Australian children get vaccinated.

*"Australia got rid of polio through vaccination and needs to maintain this because there is still polio in the world," Dr Britton said. "We think part of our global responsibility to the children of the world is to continue to maintain Australia's polio-free status because we are aiming for eradication of this infection."*

### Living With Polio

Wagga Wagga resident Doug Wait was eight months old when he contracted the disease.

*"I can't move any of my joints from my*

*knee down, but I've never had the movement in the joints from my knee down anyway—you don't miss what you don't know," he said.*

*"When I was about 11 years old I went into hospital for about two months and I had a big operation called a triple arthrodesis, where they sort of cut the muscles and fuse your ankles to keep them at the right angle. I had to repeat a year of primary school, I had the callipers, the full bit. My Dad knew some boot makers and they made me a little pair of football boots, everything had to be specially made."*

Mr Wait said despite the challenges he had never let the impact of his polio stop him from doing what he enjoyed.

*"Even when I was in my teens I went to the school counsellor and said I wanted to work in the motor trade," Mr Wait said.*

He was told he would be better off working in a bank, where he could just stand behind a counter.

*"I wasn't having that," he said. "I got an apprenticeship with the NRMA as a panel beater from there a few other panel shops and then eventually TAFE teaching—yeah, I've had a good life. We still go away in the caravan and I've just bought myself a little mobility scooter for getting around. I think there's a lot worse off than I [am]."* 🌈



**Photo:**  
Wagga Wagga man Doug Wait contracted polio when he was eight months old and can't remember life without the impacts of the disease.

(ABC Riverina:  
Emily Doak)

**Polio Australia**

Representing polio survivors

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“ **There shall be eternal summer in the grateful heart.** ”  
~ Celia Thaxter ~

**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](http://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](http://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](http://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](http://www.stillhere.org.au)

## President's Report



Gillian Thomas OAM

Probably like many of you as we spent more time than usual at home this year, I have been discovering some interesting videos on YouTube. Recently, these have included the many works of musician, satirist and mathematician Tom Lehrer. The title of his 1965 live album *"That Was The Year That Was"* seemed to sum up 2020 for me! My year was a series of ups and downs — if yours was the same, I hope there were more ups than downs, and that 2021 will be more stable for all of us.

Polio awareness and Polio Australia both got a great publicity boost early in the year with a 4-page spread in the *Good Weekend* magazine. Not long after, the country was grappling with the challenges of COVID-19, and parallels were soon being drawn with previous polio epidemics. As a result, I was invited to participate in an episode of the ABC Radio *Big Ideas* program *"Vaccines and viruses: a history of pandemics"* (p4), fittingly broadcast at the start of October's Polio Awareness Month. The remainder of October was frenetic with many media interviews and the opportunity to co-write an Op-Ed (p16) with Sarah Meredith, from Global Citizen, on polio eradication and the need to keep supporting polio survivors — because we are "still here"!

## From the Editor



Maryann Liethof  
Editor

2020 has certainly been a year to remember—and to forget! I'm sure most of us are breathing a sigh of relief that it's almost over . . . However, believe it or not, there has still been a lot going on in relation to things-polio — as you will read in this bumper edition!

The Polio Australia Team has continued providing what services they could throughout the year, and have all provided their program updates.

COVID-19 has challenged all of us in many and varied ways, which is reflected in several of the articles included in this Summer Edition of *Polio Oz News*. If one of your challenges has been adhering to a less-than-ideal diet, then Melinda Overall's piece on *Nutrition And Immunity* (p10) might just nudge you back on track.

Past President, Dr John Tierney, and current President, Gillian Thomas, have been recognised for all their passionate work over the years on behalf of polio survivors (p13); and John has turned his skills to writing Opinion pieces for the print media. In *The Last Great Epidemic* (p12), he reflects on his own experience of polio which

At our recent Annual General Meeting (held via Zoom) we welcomed two new members to the Board: Helen Leach, representing Polio SA, and Ian Holding, representing Polio WA. There were also some Executive changes: Gary Newton was elected as Vice President, and Maryann was elected as Secretary. Profiles of all Board members can be found [here](#). On the reporting side, our 2019-2020 Annual Report can be read online or downloaded [here](#), while our 2020-2022 Strategic Plan is available [here](#).

Following the AGM, we heard from our National Patron, Michael Lynch AO CBE, who brought the Board up to date on his promotional endeavours on our behalf.

We are farewelling our Resource Manager, Darlene Felsch, this month. Darlene has been working with us since August 2019 and has been a great help in setting up a number of policies and procedures in both finance and human resource management, as well as providing secretariat services to the Board and assisting the Team with funding proposals. With her contract concluding, Darlene is moving on and we wish her well in whatever direction her career now takes her.

On behalf of both the Board and the Team, I wish you Seasons Greetings — we look forward to continuing our advocacy, information and education services for you over the coming year. 🌟

Gillian



will, undoubtedly, be a familiar story for many readers.

General Practitioners (GPs) are featured in three articles (pages 15 and 22), and it's excellent to see our front-line medical practitioners so engaged.

Recommendations from the *Aged Care Royal Commission* have been summarised for relevance to polio survivors (p20); although the *Disability Royal Commission Report* (p21) continues to be a 'work in progress'.

Many articles look at the need for polio eradication to continue. Although Australia was declared polio-free 20 years ago, the fight continues in other countries — especially with the added complication of COVID-19. *Could COVID-19 Lead To Measles And Polio Epidemics* and *The Campaign To Wipe Out Polio* (p24) provide detailed descriptions of the complex reasons why we are still battling with polio and other viruses such as measles.

I hope these, and the numerous other bits and pieces I have curated for this edition, are of interest. I am now editing *Polio Oz News* on a voluntary basis (having 'retired' in 2019) but still manage to find much to inspire me in the 'polio world'. Best wishes for The Season! 🌟

Maryann



## 2020 Program Update: Clinical Practice Workshops



**By Michael Jackson**  
*Polio Australia Clinical Educator*

This year has clearly been an unusual one for this program. 2020 started with a complete staff change—Paul Cavendish had handed on the role to me in late 2019, and in January Rachel Ingram moved on with her assistant role being taken up by Paulette Jackson in late March. Paulette has done a tremendous job assisting the clinical educator and the rest of the team this year.

The coronavirus pandemic arrived in mid-March just as numerous workshops were due to take place. This resulted in many other work-from-home projects coming to fruition in the absence of multi-state travel for the workshops.

### Workshops Delivered in 2020

A Toowoomba workshop was cancelled in mid-March due to low registration before the event. 16 other workshops scheduled in 2020 were also cancelled due to the pandemic, with the intent of rescheduling when facilities were re-positioned for live education and travel between states was unrestricted. Rescheduling took place optimistically for regional Victorian workshops in late winter, but then the outbreak in Melbourne occurred, requiring a further reschedule into 2021.

In early November I was able to visit the new

Spinal Life Australia Healthy Living Centre in Cairns. There I delivered 3 workshops and a community session (on behalf of Steph who was stranded in Melbourne!), and also presented at a local Rotary Club meeting. It was a hectic few days but it was rewarding to get out and deliver the workshops and meet survivors in a location Polio Australia staff had not visited before.

Three workshops were set up to be delivered via Zoom in mid-November, mid-December, and mid-January. The November session had three professional attendees and went smoothly on quite limited advertising. We currently have 13 registered for the Zoom workshop in December, and 6 in January. If this mode of delivery proves to be viable, we will seek to offer the workshop via this mode as well as live throughout 2021.

A workshop was scheduled at Port Pirie, SA in early December, however several days after plans had been finalised the Adelaide outbreak occurred, necessitating rescheduling of the workshop and a delay in visits with other professionals, survivors and facilities in Adelaide.

Over the winter a four-part online webinar series was presented and recorded as foundation information for health professionals, drawing on some of the workshop material. Professionals receive no professional development credit for viewing these videos, but they can access recorded information on the topic at their own convenience. These videos are also being used to supplement an e-Learning course for aged care workers. This course is in development and due to be rolled out in early 2021. 🌟

## Vaccines And Viruses: A History Of Pandemics

**With Paul Barclay**

**Big Ideas:** [ABC Radio National Program](#)

**Duration:** 56min 28sec

**Broadcast:** 4 Oct 2020

**Recorded:** 29 Sep 29 2020. Collaboration with the [National Museum of Australia](#)

COVID-19 seems like a contagious virus without parallel, but Australia has been hit by devastating pandemics before.

The Spanish flu killed 15,000 Australians in 1919, smallpox decimated the Aboriginal population, HIV/AIDS once claimed 1000 Australian lives a year, and polio caused paralysis in tens of thousands.

This panel discussion examines the history of viruses and vaccines and their impact on Australian society and science.

### Speakers

[Peter Doherty](#)—Laureate Professor, Microbiology and Immunology, University of Melbourne; winner, 1996 Nobel Prize for medicine.

[Dr Peter Hobbins](#)—historian, Artefact Heritage Services, University of Sydney, State Library of NSW.

[Gillian Thomas](#)—President, Polio NSW, Polio Australia. 🌟



## Community Programs Update



**By Steph Cantrill**  
Community Programs  
Manager

As this rather unusual year draws to a close, we are looking towards 2021 with some hint of optimism for the return of face-to-face events for our community programs. But this has definitely been a year of learning, and switching to

virtual sessions has had some lasting positives for sure.

### Videos

In the last few months, we have slowed down a bit on making videos, but they're still available for viewing. Check at our [YouTube channel](#), click "Playlists" and select "2020 Videos for Polio Survivors" (or any of the other playlists you're interested in viewing). Alternatively, you can go to the Polio Australia [Facebook page](#) and click "videos", and scroll through the range of videos we've posted there.

### Webinars

The last few months saw a spate of Zoom webinars for the polio community, which were well-attended and greatly appreciated. We're extremely grateful to our presenters, from a range of health professional and lived experience backgrounds, for giving their time to share valuable information with us. The recordings of those videos will be viewable on our YouTube channel and Facebook page soon.

Our next webinar is on the 14<sup>th</sup> of December at 11.00am Australian Eastern Daylight Saving time

(check the time in your location!)—**Aged Care Question and Answer session.** We'll have a representative from the Department of Health talking to us about aged care services and answering your questions. To register for this session, please go to:

[www.bit.ly/PolioAgedCareQandA](http://www.bit.ly/PolioAgedCareQandA).

### Zoom Chats

As well as webinars, we've also had a number of more informal Zoom meetings. It was great to get people together over Polio Awareness Month to share their stories and learn from each other. There have been a few votes for monthly open Zoom chats to continue on an ongoing basis—watch this space! We'll definitely do our best to continue the regular virtual chats through 2021 as we return to the busy schedule of face-to-face sessions.

We've also had a couple of smaller chats, specifically for people who are already NDIS participants and those who think they're eligible for the NDIS. This is a good way for people to share tips on accessing the scheme and getting the most out of your plan.

Please contact me at [steph@polioaustralia.org.au](mailto:steph@polioaustralia.org.au) if:

- You are interested in joining our future NDIS chats
- You would like to be update about any other Zoom chats
- You have ideas for future webinars

I would like to wish everyone a very happy festive season, and I hope you are able to connect with loved ones despite some ongoing restrictions. Here's to a fresh start in 2021! 🌈



**Polio Australia**  
Representing polio survivors throughout Australia

POLIO COMMUNITY

## AGED CARE Q&A

14 DECEMBER 11AM AEDT - ZOOM WEBINAR  
Featuring a representative from the Dept of Health

Contact Steph for details:  
[steph@polioaustralia.org.au](mailto:steph@polioaustralia.org.au) / 0466 719 613  
or register at the link below

[bit.ly/PolioAgedCareQandA](http://bit.ly/PolioAgedCareQandA)



## Health Professional Outreach

**By Michael Jackson**

*Polio Australia Clinical Educator*

The Clinical Advisory Group now has 18 members from a diverse range of specialty fields who are able to comment on post-polio questions and topics. A LinkedIn professional group has been operating for a few months now with Clinical Advisory Group members, serving as a discussion platform for members using LinkedIn.

Three clinical topic videos were created and published on the Polio Australia YouTube Channel, and are freely available for viewing.

A research study written in partnership with UNE academics, *Evaluation of exercise for people who are polio survivors: A systematic review and meta-analysis*, has been reviewed and is undergoing edits, with a publication timeframe within the next few months.

### Partnerships

Numerous partnerships were developed during the year to work on various projects where our capacity to do so would have been limited otherwise. The quite diverse list includes:

- Spinal Life Australia for GP resources and planning a Brisbane conference
- Dr Nigel Quadros to write a MedicSA article and develop a telehealth clinic concept
- DiverseWerks to have CALD translation of our Migration Services fact sheet
- University of New England researchers to write and publish a meta-analysis and systematic review
- The University of Queensland Rural Clinical School to developing rural LEOp education opportunities
- HealthPathways to publish a LEOp pathway in Metro South Queensland
- The National Disability Insurance Agency to create a LEOp Snapshot for NDIS providers

### The Year Ahead

Looking forward into 2021, we anticipate that live workshops will resume in February after the distractions of Australian clinicians' summer holidays have passed. In the short to mid-term, it is obvious that the delivery of any live workshops will be contingent on mitigating for and containing any COVID outbreaks across each Australian state. Despite this uncertainty, we have many projects to complete and opportunities to take to reach our program outcomes. 🌟

## Polio Awareness Month 2020



**By Paulette Jackson**  
*Administration Officer*

In October, we celebrated [Polio Awareness Month](#) and the theme was **Past Pandemic Survivors**. With the acronym of PPS, you can see what we did there...

It was a busy month with a lot happening.

- Maryann put together a pictorial review of Polio Australia's [10 years of Polio Awareness Month campaigns](#).
- Steph hosted weekly Zoom Sessions where polio survivors shared their stories and discussed various topics.
- Dr Stephen de Graaff, a rehabilitation physician based out of Victoria was kind enough to host an informative Question & Answer session with polio survivors.
- Many survivors also shared their stories on our [Still Here](#) website.

- And finally, Global Citizen partnered with RESULTS AU, UNICEF Australia, Rotary International, and Polio Australia to host a World Polio Day event on 21 October (you can view the event [here](#)).

Bunnings provided a generous donation to support our Treasure Hunt where we asked you, our members, to find unknown polio survivors. We had two lucky winners who found survivors, and each winner received \$250 in Bunning's gift cards.

The staff were also busy with various media outlets. There were articles in The Senior, Croakey, and Illawarra Mercury. Big Ideas, ABC Focus, and ABC Australia Wide interviewed Gillian Thomas and Alan Cameron. Also, Gillian, Steph and Michael spoke at various Rotary Clubs. You can check out all of our articles and interviews on our [Media Coverage Page](#).

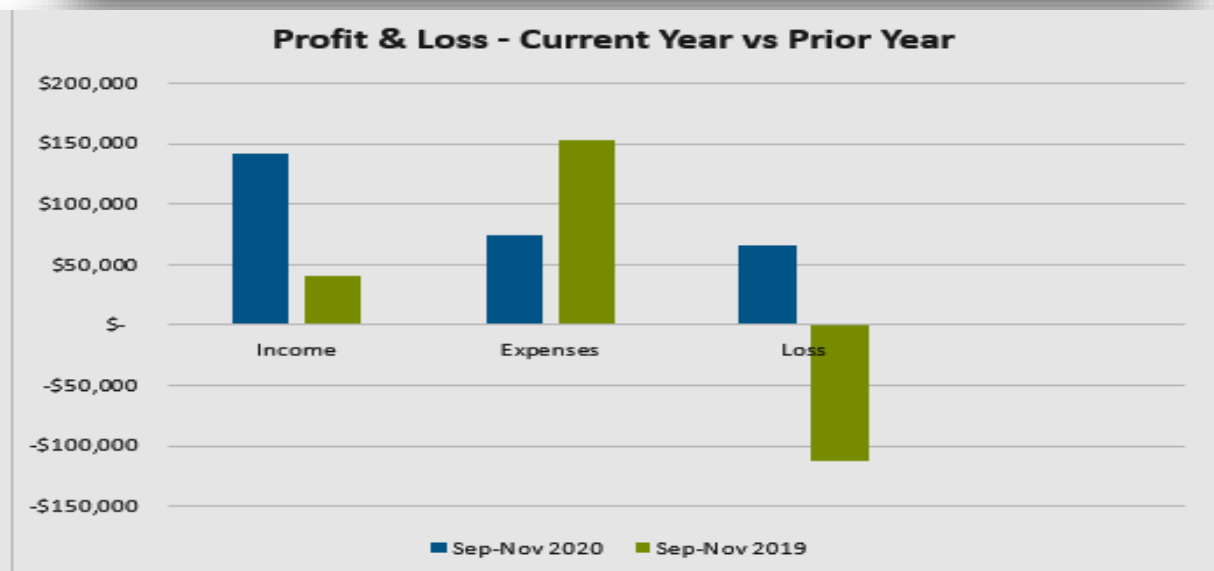
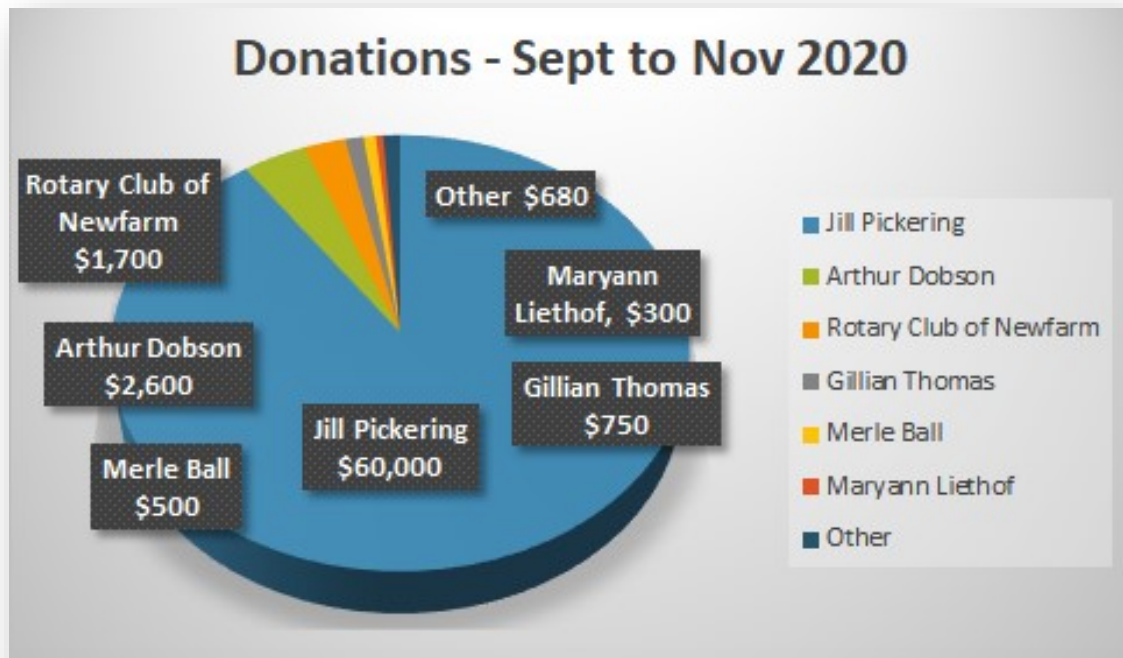
Overall, it was a successful month of awareness, education, support, and outreach. The Polio Australia staff look forward to next year! 🌟



## Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from September to November 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/](http://www.polioaustralia.org.au/donations-bequests/) or contact the Polio Australia office on Ph: 03 9016 7678 or Email: [contact@polioaustralia.org.au](mailto:contact@polioaustralia.org.au).



**Note 1:** Sep to Nov 2020 includes donation of in advance from Jill Pickering of \$60K. This will pay for the Community Programs Manager salary to 30/6/2021.

**Note 2:** The expenses were significantly higher in Sep to Nov 2019 due to the 2019 Retreat and the normal expenses of running Clinical Practice Workshops and sessions for polio survivors. Due to Covid, we have not incurred these usual expenses as we were not allowed to travel. The funding for these programs will be expended in 2021, resulting in a timing delay between receipt of funding and program expenditure. In addition, no retreat was held in 2020.

## More About Australian Polio Survivors

**By Michael Jackson**

*Polio Australia Clinical Educator*

Our late 2020 survey has yielded some interesting preliminary information. 183 polio survivors have responded to date, reporting on their post-polio related health, their changes in ability over time, their use of health professionals, and their support services use. This group alone represents over 12 000 years of lived polio experience!

35% of the respondents to this survey had not completed the other survey we did early in 2020, which had 734 respondents. Combining these totals, at least 800 unique Australian polio survivors have responded to our electronic surveys in this year.

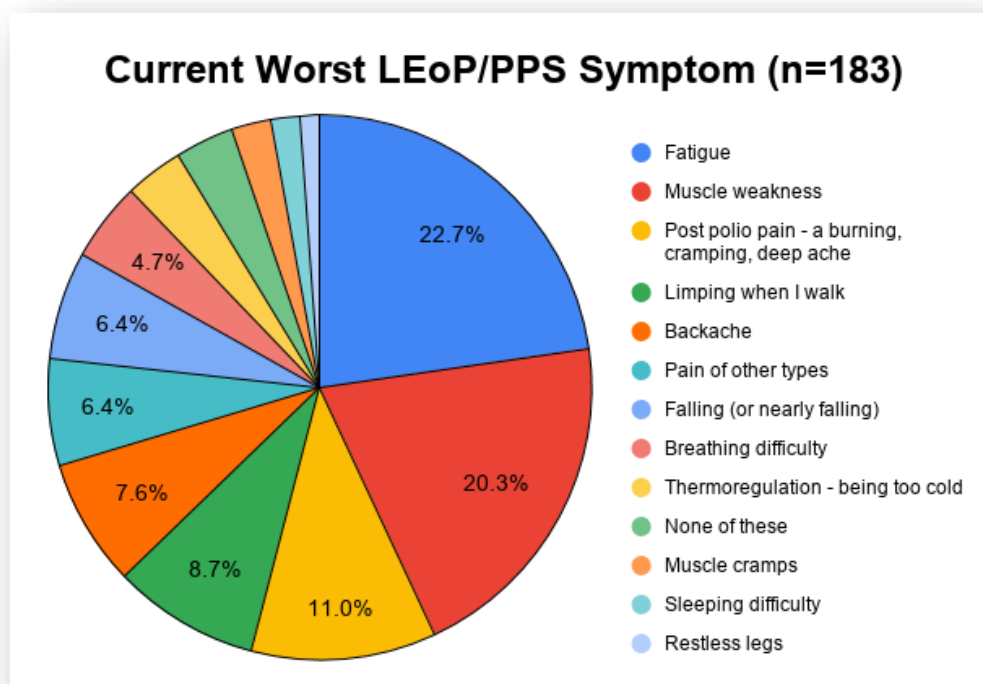
For this article, several items from the current survey have been selected for further discussion. Other aspects will be investigated in future PONs.

### Current Worst Symptom

Only one symptom can be chosen on this question—a different question asks about *all* current symptoms being experienced. The un-labelled symptoms were each reported less than 5%, and the '2 more' noted on the key were sleeping difficulty and restless legs.

Health professionals are likely to ask this question of the polio survivors they treat, so it is useful for them to know the most usual worst symptoms reported by the survivor group. Focussing on and improving someone's worst symptom can have a big impact on quality of life.

It is no surprise to see on this pie chart that fatigue (23%), muscle weakness (20%), and polio-specific pain (11%) are the most common responses for this question.



### Mobility Profile

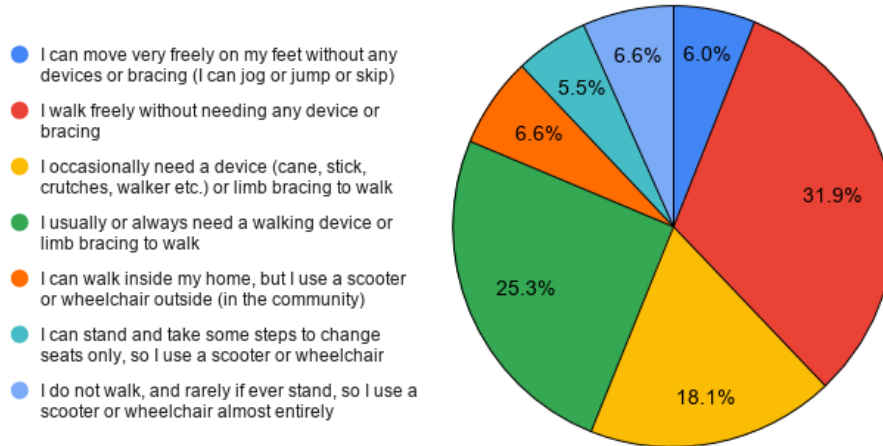
This question asks about how a polio survivor moves in their environment. Only one level could be chosen. These levels are related to the numerous functional ambulation levels used in research on walking ability. This information helps health professionals understand a polio survivor's equipment and education needs, and fall risk.

The chart (following page) shows us that of those who responded to this survey, 38% require no bracing or devices to walk, and 19% rely to some extent on a wheelchair or scooter to be mobile. It is important for professionals to be aware of this variability in mobility so that they are ready to help a survivor presenting at any functional level.



## More About Australian Polio Survivors *(cont'd from p8)*

### Mobility Profile Australian Polio Survivors (n=183)



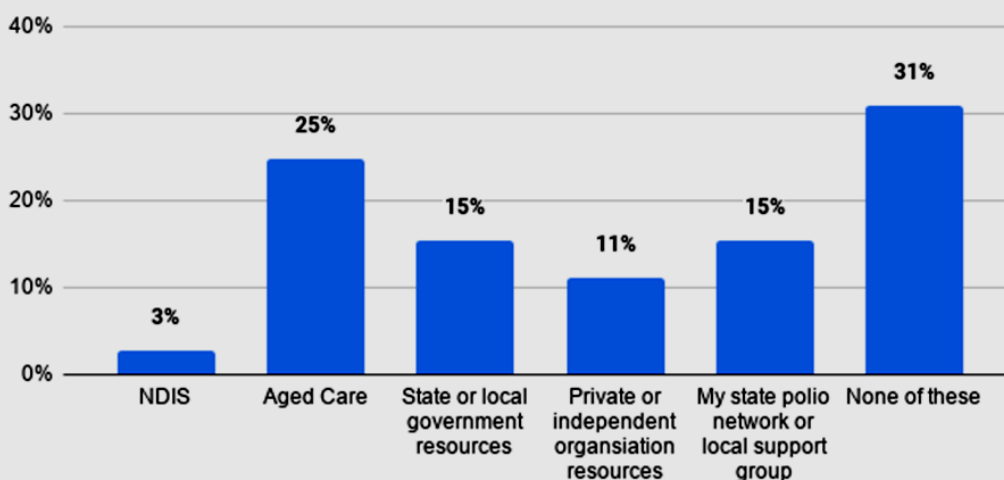
### Support Service Use

The majority of respondents to the survey used some combination of support services, but 31% used none of the services listed. Any service that was used by a respondent could be chosen on this question.

The average age of the respondents is 73 years old, and this explains why the NDIS option has a low percentage. 25% of respondents *only* used Aged Care. However, 52% of those using Aged Care also used at least one additional support service. This reinforces Polio Australia's position that Aged Care in itself does not provide enough support for many aged polio survivors. This reinforces Polio Australia's position that Aged Care in itself does not provide enough support for many aged polio survivors. Only 16% of respondents using the NDIS in this survey used another service.

Polio Australia continues to work to improve the availability of appropriate level of services to meet the needs of those who do not qualify for the NDIS.

### Polio Survivor Use of Support Services (n=183)



### Thank you to those who have responded to our survey to date!

The survey remains available for polio survivors to fill out through to the end of this year if you were not aware of this earlier. The larger the number of survivors responding, the surer we can be with the information provided. Add your responses now!

The background information on the survey is here:

[www.polioaustralia.org.au/polio-survivor-survey-health-abilities/](http://www.polioaustralia.org.au/polio-survivor-survey-health-abilities/)

The direct link to the survey is found here: <https://forms.gle/VPYYnGz5aaeuiLtU7>

## Nutrition And Immunity

**By Melinda Overall JP**

*Nutritionist and Counsellor—[Overall Nutrition](#)*

The immune system is a complex beast that acts as the body's defence system helping to fight threats including, bacteria, viruses, fungi, parasites and microbial toxins. The immune system incorporates many different organs, cells, and tissues such as the skin, spleen, thymus, gut, lymph nodes and tonsils/adenoids, lymph fluid, bone marrow, specific cells, enzymes, and stomach acid.

Broadly speaking we have two lines of defence. Innate immunity is our first line of defence, it is non-specific and aims to prevent threats entering our bodies (it includes our skin). Adaptive immunity, or acquired immunity, our second line of defence, targets threats specifically. It takes time to develop and activate. The body produces antibodies when exposed to a threat such as a virus or bacteria. Once developed, antibodies remember what the body has done on previous threat exposure, and when next we are exposed to the same threat, adaptive immunity activates more rapidly and effectively.

Many seem to focus on immunity during autumn and winter which coincides with cold and flu season. Now that we have moved into summer and Covid-19 seems mostly under control in Australia and New Zealand, it's easy to take our immune systems for granted. It's hot, it's sunny, and it's not cold and flu season, so why worry about the immune system now?

Often through flu and cold season many people try to 'boost' their immune system with high doses of vitamin C or echinacea. The reality is that like all other body systems the immune system requires year-round support as it needs to be able to move into action whenever we are exposed to common threats such as colds & flus, food poisoning, water contamination, diseases that lay dormant after exposure/symptoms (Epstein-Barr virus that causes glandular fever, Varicella zoster that causes chicken pox and shingles) and many others.

A robust immune system won't mean that we never get sick but we might have fewer illnesses, shorter illnesses, milder symptoms and better recovery from illness. Interestingly, recent observations suggest that dysregulation of the immune system is common in people with post polio syndrome (Singh et al, 2019).

Can we boost our immune system or should we aim to support its regulation? 'Boosting the immune system' is a popular theory but my thinking is that trying to boost the immune system in times of need won't be as effective (or perhaps even possible to the extent required) as supporting the immune system year-round.

So my view is that our best bet for developing a robust immune system and good health looks a little like this:

- Eating a healthy and varied diet to obtain a wide range of immune-supporting vitamins and minerals.
- Getting some sunshine for vitamin D which plays an important role in modulating the immune system.
- Practising good personal hygiene.
- Practising proper food hygiene and handling.
- Engaging in exercise and/or movement as you can tolerate: exercise is anti-inflammatory and promotes circulation of white blood cells that play a key role in immunity.
- Managing stress: stress encourages the release of pro-inflammatory cytokines (chemical messengers) and can encourage the reactivation of latent viruses.
- Meditation: meditation and massage have been shown to improve immune system function, reduce blood pressure and stress.
- Sleeping well: sleep supports the initiation of an adaptive immune response, promotes healing and reduces stress.
- Reducing smoking: smoking impacts the body's ability to produce proteins to make antibodies and reduces levels of antioxidants in the body.
- Reducing alcohol: alcohol can increase inflammation and cause dysfunction of the immune system.
- Managing weight.

Wherever possible it is important to use food in preference to ingesting nutritional supplements to support your immune system. If you think that you can't get enough nutrition through your diet then supplements might be appropriate but it is important to consult with a nutritionist, pharmacist or other health practitioner before taking any supplements including anything 'off the shelf' or 'over the counter' as they may interact with medications.

Good health and a robust immune system need constant work even when it's not cold and flu season.

Go well. 🌈

### Reference

Shing, S. L. H., Chipika, R. H., Finegan, E., Murray, D., Hardiman, O., & Bede, P. (2019). Post-polio syndrome: more than just a lower motor neuron disease. *Frontiers in neurology*, 10.

**[See page 11 for Melinda's Nutrient Table](#)**

## Nutrients That Support The Immune System



Nutrient	Foods	Benefits
Vitamin C	fruits and vegetables	Potent antioxidant. Vitamin C contributes to immune defence by supporting various cellular functions of both the innate and adaptive immune systems — this includes stimulating and supporting the function of white blood cells.
Vitamin D	sunlight, eggs, oily fish salmon, tuna, mackerel, sardines	Has a key role as an immune modulator (braking/ accelerator system).
Zinc	lean meats, oysters, crab, poultry, chickpeas, pepitas, good quality yoghurt	Antioxidant, helps to maintain mucous membranes, helps to stabilise proteins (antibodies are proteins) and to create and support the function of enzymes. Is a component of your stomach acid.
Iron	meat, poultry, fish, green leafy vegetables, eggs and milk	Supports the functions of the cells in the innate immune system.
Selenium	pork, beef, turkey, chicken, fish, shellfish, and eggs, Brazil nuts	A potent antioxidant. Gets incorporated into special proteins that regulate the function of cells and tissues including those used in both the innate and adaptive immune systems.
Folate	green leafy vegetables	Enhances the production of immune cells, has a role in protein synthesis.
Vitamin A	cod liver oil, eggs, orange and yellow vegetables and fruits. Beta-carotene (pro- vitamin) such as broccoli, spinach, most dark-green, leafy vegetables.	Supports skin integrity, anti-inflammatory, antioxidant, helps to regulate immunity.
Vitamin B6	pork, poultry, some fish (eg. salmon, tuna), peanuts, soya beans, wheat germ, oats, bananas	Enhances the production of antibodies and white blood cells.
Vitamin B12	fish, meat, poultry, eggs, milk, and milk products — not plant-based foods	Significant role in white-cell production.
Protein	fish, meat, poultry, eggs, milk, and milk products, nuts and seeds, legumes	Proteins are specific — in the immune system they are antibodies and enzymes. Additionally, protein is particularly important for polio survivors to reduce the risk of sarcopaenia.



## Polio Survivor Reflects On The Last Great Epidemic

**Opinion Piece By Dr John Tierney AM**

**Source:** [newcastleherald.com.au](http://newcastleherald.com.au)

—28 October 2020



*PAST EPIDEMIC: John Tierney pictured last year when he received a Queens Birthday Honour for his role as patron and past president of Polio Australia.  
Picture: Simone De Peak*

On a hot January afternoon in 1946, the country doctor hurried from attending a polio case at a home in Cooma to the local hospital to deliver me.

Ten years before the Salk vaccine became available, the doctor brought the poliovirus with him on his fingers. It was a pity that he didn't wash his hands more thoroughly. Ten thoughtless seconds dramatically switched the direction of my future life path to one of slow deteriorating physical disability over 74 years — so far.

Only people over 70 would recall the terror that families felt during the polio epidemics that blighted Australia about every 10 years between 1910 and 1960, before the widespread use of the Salk and Sabin vaccines.

The poliovirus presents like flu, but overnight it can do irreversible damage to the body's nerves, muscles and joints.

When polio strikes, it kills off many of the nerve connections that run from the brain down the spinal cord to the muscles. The remaining nerves then unevenly pull on the skeleton. Polio will do more damage to either the left or right side and the top half or the bottom half of the body. In my case, it was lower and left.

My worst damage from polio was initially in my left leg and foot, leaving me with a thinner and shorter leg. During the day, to assist with keeping the leg straight, I wore an iron calliper on my left leg until the age of 12.

In my 1950s childhood, hospitals were part of an annual routine for tracking my ongoing disability caused by polio. I was one of the lucky ones because I only went for checkups.

Many years later, I heard shocking stories from fellow polio survivors who had been kept in hospitals for years of ongoing therapy. One device, the notorious Double Thomas Splint (a diagonal cross shape), was designed to keep the child's body limbs immobilised and straight. Medieval torture chambers would have been proud of such an invention.

I was unaware of this suffering as I made my pilgrimage from Eden on the far south coast of NSW to the Camperdown Children's Hospital in Sydney for my annual checkups. The visits through the wards containing dozens of young polio survivors were traumatic. Many were in iron lungs because they would die within 10 minutes if they were taken out of these breathing machines. The 'luckier' ones were immobilised in hospital beds. There has never been any treatment to cure polio or its deadly after-effects.

In the polio children's wards, parental visits were often not encouraged. For these preschool children, it was felt that the departure of the parents after the visits could be 'upsetting'. Sometimes parents could only ever see their young disabled children through glass screens. Even now, PTSD counselling is needed for many of these polio survivors in their later years.

However, there were some useful techniques for stopping the limbs becoming more distorted, but these were uncomfortable, painful and sometimes had long-lasting effects. Even now, at night, I never sleep on my back. Why? Because between the ages of two and seven, I had to sleep in this position with my left leg in a fitted plaster cast. This could be easily slipped on before bed. However, with the weight of the plaster, I couldn't turn on my left or right side.

When I reached my 40s, I developed terrible back trouble. An MRI image revealed that I was developing the Late Effects of Polio (LEoP). In 1994, the scan revealed: spinal scoliosis and stenosis, collapsing disks in the lumbar region, arthritis, and three bone spurs growing into the spinal canal, giving the cord at these points very little wriggle room. Managing this condition properly is vital when your body is deteriorating at between 2 per cent and 6 per cent a year. Where you are on this spectrum depends a lot on how you exercise. For the past 15 years, I have stayed on the 2 per cent side, by doing 30 minutes of gentle hydrotherapy three times a week.

## Polio Survivors Receiving Awards

Former Polio Australia President, Dr John Tierney AM PhD, and current President, Gillian Thomas OAM, have both been awarded Australian Honours, recognising their outstanding service and contributions to Australia's polio survivors. This was in June 2019 and January 2020 respectively. However, before they could receive their medals, along came Covid-19.

Australian Honours and Awards recognise the outstanding service and contributions of Australians.

Recipients come from right across the country and from all walks of life. While some well-known people receive awards, many more are known only to those they help and serve day-in day-out. All recipients are worthy of recognition and celebration.

John and Gillian were finally awarded their medals on 17 September 2020. As both recipients live in New South Wales, the Investiture Ceremony was held at Government House, Sydney, hosted by Her Excellency, The Honourable Margaret Beazley AC QC.

The Ceremony was livestreamed for those who were unable to attend the presentation due to severely limited numbers.

Click [this link](#) if you would like to view the presentations. Video timing is at 11:15 for John and 21:55 for Gillian. 🌐

—Ed



*John Tierney with his AM*



*Gillian Thomas with her OAM*



NSW Volunteer of the Year Awards: Sydney City and Eastern Suburbs ceremony 2020  
111 views • 29 Sept 2020

*Gillian receives NSW Volunteer of the Year Awards:  
Sydney City and Eastern Suburbs  
by Zoom on September 29*

Polio Australia and Polio NSW President, Gillian Thomas (*left*), had a busy September, also receiving a NSW Volunteer of the Year Award: Sydney City and Eastern Suburbs.

The NSW Volunteer of the Year Awards are an annual program run by The Centre for Volunteering to recognise the outstanding work of volunteers in every region across NSW. The awards are in their 14th year and have grown to become one of the largest celebrations of volunteering across Australia.

The Centre for Volunteering CEO Gemma Rygate said:

*"The past 12 months have thrown up challenge after challenge for communities across the state and volunteers have continued to give their all in the face of this tremendous adversity."*

*"These awards are our way of saying thank you and reminding everyone across the state of the value of volunteering."*

*"Congratulations to our awards winners announced today and thank you to all our finalists, nominees and the volunteering community across NSW."*

Click [this link](#) if you would like to view a short promotional video of the NSW Volunteer of the Year Awards. Gillian appears towards the end at 0.57 mins. 🌐

—Ed



## We're Still Here! 2020—Fourth Runner Up

**Lyn Glover, Gold Coast, Australia**

**Source:** Post-Polio Health International—October 2020

I have been the Facilitator for the Gold Coast Post Polio Network for 12 years now. We are under the banner of Spinal Life Australia here in Queensland of which I am a volunteer. We have Monthly Meetings and Guest Speakers, who I organise. I also outsource information on polio, newsletters, e-newsletters, and articles, which I take along to these meetings as well.



I have 40 polio survivors of which 25+ attend these Monthly Meetings. We are all so different. Some members have a visible disability and others don't, but we are all in this battle together. We have lost one member who was at a nursing home in this pandemic.

Gold Coast Post Polio Network are very upbeat and friendly. We care for each other, which is why these meetings are so important in accessing the community.

Our current project is collecting and recycling postage stamps and selling them to collect enough \$AUD for collared shirts with our logo to wear proudly at meetings, events and out in the community.

My Monthly Meetings were suspended due to the pandemic. My last meeting was in March. So Zoom, Facetime, Facebook, mobile, and emails were my main contact with my Polio Family. I spent most days at home and only went out in the community for doctor appointments or shopping. I was able to catch up with both of my daughters and grandchildren as restrictions were lifted. I was also able to attend online church service every Sunday, which was a blessing. I also attended prayer group via Zoom on a Thursday. During the pandemic, my younger daughter got married, and we were blessed with a birth of a baby girl.

I still to date wear my face mask which my eldest daughter made for me. I also self-distance, when possible, use wipes, and am very aware of my surroundings when I go out—being a polio survivor for now 62 years. Memories I have of polio are the sound of the iron lung, being put in a cot with iron bars like a cage, my double Thomas splint, and only seeing my family once a week through a glass window. A yellow cross was put on my family's door to notify POLIO was present, that is why I wonder now what the future will hold for survivors of Covid-19. 🌍

**See all October's Polio Awareness "We're Still Here! 2020" Award Winners on Post—Polio Health International's website [here](#).**

## Polio Survivor Reflects *(cont'd from p12)*

My 74-year journey with polio and its late effects have created some gaps in my life, but we play the cards that we are dealt. I would have loved to have skied like my father, or played golf twice a week into my 70s like my eldest brother, or gone a lot further in championship tennis. Dancing has been another big gap. Pam, my wife of 52 years, is an accomplished dancer. She really drew the short straw with me.

Sometimes, but not often, I reflect on what might have been. I am not a vengeful person, but if I could find that careless doctor who delivered me in 1946 without washing his hands thoroughly, I would sue the bastard.

**Newcastle East's Dr John Tierney AM is a former president of Polio Australia and was awarded an AM in 2019 'For significant services to polio survivors'.**

**October 25 was World Polio Awareness Day. 🌍**





## New Spinal Life Australia Resource For GP's

### Australian-first polio education module launched for GPs



We've been working to raise awareness about the late effects of polio, as part of an education campaign that was developed in consultation with members. This campaign focused on health professionals, aimed at increasing their knowledge and supporting them to better diagnose and treat polio survivors.

#### Online training module for GPs launched

Our members previously shared how important it was for them to be able to access care and support from knowledgeable and experienced GPs and allied health professionals.

That's why a key activity in our campaign was to create an online training module for GPs, to promote increased knowledge and improved management strategies for patients.

We worked closely with leading providers of medical advice for polio survivors in Queensland to develop Australia's first comprehensive online education module for GPs about the late effects of polio.

As the module was accredited by the Royal Australian College of General Practitioners (RACGP), we were able to provide the training through ThinkGP, an online platform for GPs to access professional development courses.

The one-hour module is called 'What's polio got to do with general practice in Australia in 2020?' and aims to educate GPs on the late effects of polio and how to identify and support patients who may be experiencing symptoms.

With the module being promoted to tens of thousands of health professionals, we are seeing more and more GPs accessing this module to create better outcomes for polio survivors in future.

#### Resources you can access

We are continuing to provide members with copies of our 'Late effects of polio:

A guide to management for medical professionals' that you can give to your local GP to share more about the late effects of polio with them.

This guide has been recognised as an Accepted Clinical Resource by the RACGP – another Australian first.

We also have copies of a Medical Alert card for polio survivors to keep on hand, to assist in providing key information to health professionals when needed.

When visiting the GP, please encourage them to complete the online course and provide a copy of the brochure.

Visit [spinal.com.au/polio](http://spinal.com.au/polio) to find out more.



## GPs And NDIA Collaborate On NDIS Resources

By Kymberly Martin

Source: [Freedom2Live.com.au](http://Freedom2Live.com.au)—4 November 2020

The Royal Australian College of General Practitioners and the National Disability Insurance Agency have developed new resources to help GP patients with disability navigate the NDIS.

RACGP spokesperson, Dr Lara Roeske said the new resources are a positive step forward to improve the experience for patients.

"We welcome this opportunity to engage with the NDIS," she said. "GPs play an important role in helping patients navigate the scheme and a GP is often the first place people turn to for healthcare and is also a key entry point for patients to the NDIS."

"GPs are often involved in the crucial early stages of working through a patient's potential scheme eligibility. We assist patients with information gathering, providing relevant documents and supports, and remain caring for our patients throughout their NDIS journey."

Cont'd page 16

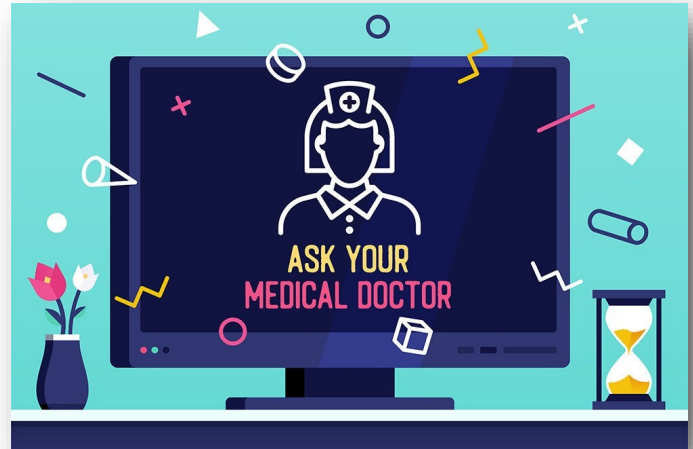
## GPs And NDIA Collaborate *(cont'd from p15)*

As a mother and carer of a son living with disability, Roeske said that navigating the NDIS can be challenging. *"GPs have also found it difficult and we recognised there was great scope to improve the involvement of general practitioners, and in turn, the experience for patients."*

NDIA spokesperson, Shannon Rees said the NDIA was grateful to the RACGP for its feedback and support to ensure these new resources informed GPs about NDIS criteria, the process of eligibility and accessing the scheme.

*"It was important that we developed resources that were practical, informative and useful. These resources have been co-designed with GPs, for GPs—so they can more easily support their patients who might want to apply for the NDIS."*

The new GP resources include a suite of practical training videos, a checklist guide to considering a patient's NDIS eligibility and a brochure with information on how other stakeholders, including NDIS partners, allied health professionals and practice nurses, can support patients to navigate the NDIS.



The introduction of independent assessments, which will remove existing barriers to accessing the NDIS in addition to these resources, supports a more streamlined process for patients seeking NDIS access.

The resources are available [online here](#). 🌐

## The Eradication Fight Must Go On

### 20 Years After Australia Was Declared Polio-Free, The Eradication Fight Must Go On

**Editor:** Marie McInerney

**Authors:** Sarah Meredith and Gillian Thomas

**Source:** [www.croakey.org](http://www.croakey.org)—29 October 2020



Health Minister Greg Hunt (centre), former Opposition health spokeswoman Catherine King (third from left), and representatives from the partner organisations leading the polio eradication charge in Australia including Global Citizen and Polio Australia.

Today, 29 October, marks the 20<sup>th</sup> anniversary of Australia being declared free of polio, an infectious disease that terrified the community through the 1940s and 1950s in particular, and continues to impose a "sting in the tail" for polio survivors today.

The world is just a beat away from total eradication, with the disease now only still endemic in Afghanistan and Pakistan, but COVID-19 has disrupted efforts — more than 50 million children worldwide missed their essential polio immunisation this year.

In the article below, Sarah Meredith (far left in the feature image), Country Director of Global Citizen Australia and Gillian Thomas OAM (front), polio survivor and President of Polio Australia, mark the anniversary and call on the Australian Government to commit an extra \$10 million to the Global Polio Eradication Initiative and to continue supporting polio survivors in Australia.

### Sarah Meredith And Gillian Thomas Write:

As Australia celebrates its 20th anniversary of being polio-free today, cases of this highly-contagious virus continue to circulate in Central Asia, and the battle to reach every last child globally with the polio vaccine is more important than ever.



## The Eradication Fight Must Go On *(cont'd from p16)*

The 20<sup>th</sup> anniversary marks the Royal Commission for the Certification of Eradication of Poliomyelitis confirming that, based on a range of evidence, there is no transmission of wild poliovirus in Australia.

It is hard to believe it was only 64 years ago that Australian children were immunised with the Salk polio vaccine for the first time and Australia must continue to maintain vaccine herd immunity to keep the disease at bay while polio still exists in the world.

While applauding the success of polio immunisation in Australia and acknowledging the critical challenges currently facing the Global Polio Eradication Initiative (GPEI), we must not forget the legacy this terrible disease has left on our country.

For decades before the Salk vaccine became available, polio epidemics had regularly been terrifying our community, leaving thousands of Australians paralysed in their wake — mostly children.

The World Health Organization (WHO) states that one in 200 polio infections will lead to irreversible paralysis. Amongst those paralysed, 5-10 per cent will die when their breathing muscles become immobilised.

Much like COVID-19 today, poliovirus can spread fast, far and wide and undetected, spreading rapidly before cases of paralysis are seen.

As most people infected with poliovirus have no signs of illness, they may never know they have been infected. However, they are still infectious and can spread the virus.

This means that as few as one case of paralysis can indicate a polio epidemic.

There is no cure for polio; it can only be prevented through immunisation.

It is estimated that 40,000 Australians contracted paralytic polio, plus a larger number of people who unknowingly had a mild, undiagnosed case.

Australia is also home to a number of younger survivors from countries where polio was more recently eradicated or is still endemic.

Polio survivors recall frightening times spent in isolation — their parents were only able to see them through a window and their siblings were often banned altogether.

There was no certainty about how well, or in fact whether, those who contracted polio would recover.

Once out of isolation, parents were only able to visit their children once a week and many had to travel long distances by public transport. Even

then, visits were often curtailed because their child would become too upset once visiting time was over. This commonly led to long-lasting feelings of abandonment.

Other recurrent themes are of houses being fumigated, being strapped into splints, months or even years spent away from home undergoing treatments, working hard and long to get movement and function back, and of sounds and smells recalling vivid and often unpleasant memories of those times.

Polio survivors became resilient, driven and successful. But they would rather have been immunised.

### Lessons From And Threats For Polio

The world has fought hard to eradicate polio, and we are 99.9 per cent of the way there but the risk remains.

Despite now only being endemic in just two countries, Afghanistan and Pakistan, polio has the potential to affect up to 200,000 people per year within 10 years if left unchecked.

The COVID-19 pandemic also poses serious threats to eradication goals, after door-to-door vaccination campaigns were paused in March because they did not comply with global physical distancing recommendations.

As a result, more than 50 million children worldwide missed their essential polio immunisations this year.

The race is now back on to recommence vaccination programs.

The world's efforts to eradicate polio is one of the best examples of global cooperation in health responses and provides the framework for how community-based solutions can be rolled-out on such a mass-scale.

One of the key learnings from polio eradication is that surveillance and mapping of the health response are fundamental to understanding the spread of the disease and how to reach every last child. Likewise, we've learnt that attitudes towards vaccination and education campaigns are critical linchpins to success.

The true heart of the polio eradication initiative is its education component, with local vaccinators working in every part of the world in very dangerous locations.

The COVID-19 response will need to draw from the learnings of the polio response as it is truly one of the great success stories of our world. These initiatives take time and require confidence from the community in the vaccine, which any COVID-19 vaccine will need.



## The Eradication Fight Must Go On *(cont'd from p17)*

The pausing of polio vaccination programs in 55 countries and accompanying social distancing measures have reduced COVID-19 risks for communities and frontline workers in the developing world.

Meanwhile, the wealth of experience, and the resources and infrastructure of the Global Polio Eradication Initiative (GPEI) are now being utilised by national governments to help address the challenges of COVID-19 in multiple ways, including crisis response, risk communications, and disease surveillance.

But this shift in priority this year means that the polio program is now facing a major budget shortfall, and more support is needed to get back on track for polio eradication while also keeping everyone safe from COVID-19.

### Sting In The Tail

Australia has been an incredibly generous supporter of the Global Polio Eradication Initiative (GPEI), committing \$113 million since 2011 but there is now a need for extra funding borne out of unique and unforeseeable circumstances.

That is why we have launched a new campaign seeking further federal funding of \$10 million to help bridge the funding gap. You can go to [www.globalcitizen.org](http://www.globalcitizen.org) right now to take action and ask Australia's Foreign Minister Marise Payne to make this new commitment.

For those for whom the vaccines came too late, there is a 'sting in the tail' of the virus. Years after contracting polio, survivors can develop a range of biomechanical and neurological symptoms now recognised as the 'late effects' of polio.

The time lag from the initial infection to this second phase varies but is commonly around 30 years. The onset is usually slow and steady. It may occasionally develop suddenly and progress at an irregular pace. Symptoms sometimes emerge after a period of physical or emotional strain, or after a period of immobility.

The late effects cause a range of debilitating health effects. Support is therefore also crucial for polio survivors and will be needed for an estimated 90 years after the final polio case.

A federal grant provides Polio Australia with funding to educate health and medical professionals on the late effects.

This one-of-a-kind initiative bridges knowledge and generation gaps, better enabling the health management of those Australians who have been affected by polio. This is absolutely critical. We hope this will continue until the last Australian polio survivor needs it.

The hope of a polio-free world is in our grasp. We cannot stop at the final hurdle, and an increased effort now will save lives.

It should give us all hope in a time where fear is high, that if we come together we can beat this deadly, preventable disease.

For more information on Global Citizen, visit [www.globalcitizen.org](http://www.globalcitizen.org)

Contact Polio Australia at [www.polioaustralia.org.au](http://www.polioaustralia.org.au) for more information and support. 🌐

## Couch Conversations

### By Gary Newton

*Polio Australia Vice President*

Earlier in the year I was approached by the Rotary Club of Frankston North (Victoria) to be their guest speaker as part of Polio Awareness Month. In particular, they wanted me to speak to the Club about my lived experience with polio, my involvement with Polio Australia and the late effects of polio.

After that talk, which was done in October for World Polio Day, I was contacted by Bev Unitt to be a guest on her "Couch Conversations" video to expand on my earlier talk to Frankston North Rotary.

Although based in Queensland, Bev saw my original talk as she is also a member of the Rotary Club of Frankston North.

Link to the 22 minute video interview [here](#). 🌐



## David Onley's Polio Story

**By Derek Miller**  
W5 Producer

### Revealed: Desperation during the polio epidemic brought troubling treatments

**Source:** [www.ctvnews.ca](http://www.ctvnews.ca)—27 November 2020

TORONTO—You've probably heard about David Onley. He is remarkable for lots of reasons. He was Canada's first news reporter with a visible disability. He's been a dogged advocate for accessibility, and of course he was Ontario's representative to the Queen as the 28th lieutenant-governor.

You probably haven't heard about the time a man held a knife to his throat and threatened to kill him. When Onley was three-years-old he contracted polio, a virus that left thousands of Canadian children dead or with permanent disabilities. In Onley's case, it affected both of his arms and his legs.

He spent seven months at Toronto's Hospital for Sick Children. His parents could only visit once a week, and could only see him through a window. That separation had a lasting effect, perhaps as poignant as the virus itself.

*"That was worse than not seeing them at all because after a while you just sort of forget about them,"* Onley said from his Toronto home. *"It creates major separation anxiety."*

When Onley returned home, a new anxiety set in — one that came from the doctor who was in charge of his physiotherapy.

*"When he would arrive, it was like the scene out of the Exorcist,"* Onley recalled. *"The man with the black bag on the poster and the silhouette. I was initially terrified."*

As it turns out, it wasn't the black bag and imposing silhouette that Onley needed to worry about. It was the doctor's technique. Onley was chosen for a controversial therapy, called *"The Kenny Method."* It was named after Elizabeth Kenny, who was an Australian self-taught nurse credited by some as one of the pioneers of modern physiotherapy.

Her method was specifically meant for polio survivors and involved applying strips of hot, wet cloths to damaged limbs and then 'exercising' them, which meant physically stretching them the way they should normally move. The premise was that it would prevent deformities and build up muscles. It was painful. It was also effective.

Onley doesn't recall the physician's full name, but he certainly can see him when he closes his eyes. He was a local practitioner from Onley's hometown of Midland, Ont. and made the trip to



*Photo: Three-year-old David Onley is visited by his grandfather in 1953. (David Onley)*

Scarborough to administer the Kenny Method in the kitchen of Onley's grandparents' home.

On the first day, the physician began the exercises, which were extremely painful. The doctor stopped and asked Onley's parents and grandparents to leave the house. You might think it was because it would be traumatic to see their little boy in such pain. That wasn't the half of it.

*"He didn't want them to see him when he pulled out his knife and put it to my throat and said, 'You move this leg or I'm going to slit your throat right now and let you bleed to death. Now move the leg,'"* recalls Onley. Onley was terrified. But the threat was effective. *"You know what? I moved the leg and I moved the arm and I moved whatever he wanted me to because I believed him,"* he said.

He never spoke a word of the violent threat to anybody at the time. The treatment lasted seven days a week for months. At the end of it, Onley could ride a tricycle, walk and even run a bit.

That sort of physiotherapy wouldn't fly today, of course. It would be headline news and result in the doctor getting his licence pulled. However, the *"ultimate tough love,"* as Onley describes it, worked. His parents saw substantial improvement over the months of the unorthodox treatment.

Onley is not traumatized by the memory. In fact, he speaks affectionately of his time with the doctor, who he felt genuinely cared about his rehabilitation. He can even laugh about it.

*"I've never had difficulty following orders from that time on,"* he said. Years later, as an adult, Onley met the doctor again. *"He could see that I had definitely recovered and I knew it meant a great deal to him. We had some great conversations. He's a great man,"* says Onley.

## David Onley's Polio Story *(cont'd from p 19)*

Two years after Onley contracted the virus, Dr Jonas Salk developed a polio vaccine, saving countless children from the debilitating effects of the epidemic's worst cases. The vaccine took decades to fully take control of the disease and Canada didn't declare itself polio-free until 1994.

That's been the same case for most of the world, where the virus has almost completely been eradicated. However, that's beginning to change. COVID-19 has disrupted immunization programs around the globe and now new polio cases have begun to show up in places where the virus was once held at bay by the vaccine.

Eighty million babies have now missed critical vaccines, prompting the World Health Organization to sound the alarm and ask countries to re-instate their vaccination campaigns.

If you're wondering if your child can still be vaccinated during the COVID-19 pandemic, contact your family health provider.

Onley, now 70, can't say enough about the importance of vaccinations. *"Had the polio vaccine existed in the Tuesday before Labour Day 1953, I would have got it and my life would be completely different,"* he said.

Although he went on to have a long and successful career, Onley wants people to know that just like with COVID-19, polio has long-term effects. For him, lifelong effects include post-polio fatigue and, of course, mobility challenges. He says when a vaccine for COVID-19 comes along, no one will need to threaten him with a knife to get one.

*"As soon as the COVID vaccine comes out I will get my shot."* 🌟

## Aged Care Royal Commission Recommendations



**By Gillian Thomas**  
President

During October, recommendations from the Counsel Assisting the Aged Care Royal Commission were uploaded to the [Royal Commission website](#), where the complete recommendations can also be downloaded.

Some relevant recommendations from polio survivors' viewpoint are below. These recommendations

support what the [Assistive Technology for All](#) (ATFA) national alliance (of which Polio Australia is a member) has been campaigning for.

### **Assistive technology and home modifications category**

From 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should implement an assistive technology and home modifications category within the aged care program that provides goods (including aids and appliances) and services that promote a level of independence in daily living tasks and reduces risks to living safely at home. The assistive technology and home modifications category should continue within the new aged care program from 1 July 2024.

### **Equity for people with disability receiving aged care**

By 1 July 2024, every aged care recipient with a disability or disabilities, regardless of when acquired, should receive through the aged care program daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those that would be available under the National Disability Insurance Scheme to a person with the same or substantially similar conditions.

### **Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner**

By 1 July 2024, the Disability Discrimination Commissioner and the Age Discrimination Commissioner should be required, as part of the new National Disability Strategy, to report annually to the Parliament on the numbers of aged care recipients with disabilities who are 65 years old or older and their ability to access daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those available under the National Disability Insurance Scheme.

The Commissioners delivered an [interim report](#) on 31 October 2019, a special report on [COVID-19 and aged care](#) on 1 October 2020, and are required to provide a final report by 26 February 2021. 🌟



## Disability Royal Commission Report

By Kymberly Martin

**Royal Commission  
— release of Final Report delayed**

**Source:** [Freedom2Live.com.au](https://freedom2live.com.au)  
—4 November 2020

The Disability Royal Commission interim report has been published, without any recommendations, however chairman, Ronald Sackville, has requested a 17-month extension to September 2023 to release a final report.

He said that the pandemic has hampered the work of the Royal Commission, particularly its public engagements, but the interim report has been presented within the time specified in the Terms of Reference.

The report said people with disability experience attitudinal, environmental, institutional and communication barriers to achieving inclusion within Australian society. It shows that a great deal needs to be done to ensure that the human rights of people with disability are respected and that Australia becomes a truly inclusive society.

The 561-page document details the experiences of many people with disability, as well as the reasons they are exposed to violence, abuse, neglect and exploitation.

*"The interim report is an important milestone in the work of the Royal Commission," Mr Sackville said.*

*"The report explains the approach the Royal Commission is taking. The task confronting us is formidable, but we are committed to completing the work in a way that will help bring about transformational changes in the laws, policies and practices affecting people with disability.*

*In the past 50 years, significant progress has been made in addressing the harsh and at times cruel and inhuman treatment of people with disability.*

*"People with disability now have a voice through their representative organisations and the NDIS has been established, but welcome as those changes are, a great deal remains to be done," he said.*

Accessible Word and PDF formats, an Easy Read guide and Easy Read Summary, and an Auslan video summary are [available](#).🔗

## Polio—Related Research Into Brain Network

By Aisha Abdullah, PhD

**Source:** [alsnewstoday.com](https://alsnewstoday.com)—1 December

New research into the motor networks of polio survivors shows the brain may "rewire" itself in neurological diseases, leading to a reorganization that also may serve as a potential biomarker of [amyotrophic lateral sclerosis](#) (ALS) [motor neuron disorder] and other motor neuron disorders, a study reports.

Published in the journal *Clinical Neurophysiology*, the study, by researchers at Trinity College Dublin, is titled "[Altered Supraspinal Motor Networks in Survivors of Poliomyelitis: A Cortico-Muscular Coherence Study](#)."

**Summary provided by Michael Jackson, Polio Australia's Clinical Educator**



*This study noted that, in polio survivors, the electrical signature of intense muscle activation (as seen in the brain) is used by polio survivors to complete a light (10% effort) motor task (thumb-finger pinch). This signature was most strongly observed in those who experienced polio before 18 months of age.*

*Human brains develop considerably during the first few years of life, and disruption to motor and feedback loops can cause disorganisation in the brain as it tries to work out how to engage a limb to move.*

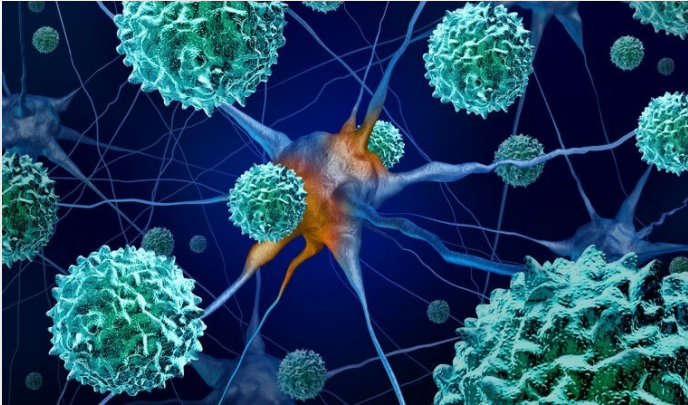
*Polio survivor's brains in this study are doing widespread brain work for less demanding movement tasks than someone who has not had polio, and have been doing so since their initial polio rehabilitation.*🔗

## GPs Called To Help Track Down Polio-Like Viruses

By Doug Hendrie

Source: [www1.racgp.org.au](http://www1.racgp.org.au)—11 November 2020

**Is polio over? Not yet, with polio-like enteroviruses on the rise and vaccine-derived poliovirus seeing a resurgence overseas.**



*The D68 strain of NPEV poses risks due to its links to acute flaccid myelitis (AFM).*

GPs have been called to be on the lookout for new non-polio enteroviruses (NPEV) that can cause acute flaccid paralysis, or even death.

Four children died in a [2013 outbreak](#) of the A71 enterovirus strain in Sydney, which can circulate in mild form and cause hand, foot and mouth disease. More than 100 others had severe neurological issues.

Meanwhile, a worldwide rise in cases of circulating vaccine-derived poliovirus has led to researchers calling for a continued focus on maintaining Australia's high rates of polio vaccination.

Researchers are concerned about the A71 and the D68 strains of NPEV, in particular, both of which can manifest in mild forms as the hand, foot and mouth disease that commonly affects young children.

The D68 poses risks due to its links to a newly recognised condition, acute flaccid myelitis (AFM), with a recent Communicable Diseases Intelligence bulletin warning of 'growing evidence of a causal link between AFM and outbreaks of non-polio enterovirus species, in particular enterovirus D68'.

New research in the *Journal of Paediatrics and Child Health* calls for increased awareness and vigilance for these NPEV due to the challenges to identification and the risks to public health.

The research suggests doctors should request stool samples in suspected cases of acute flaccid paralysis (AFP) and inform the Paediatric Active

Enhanced Disease Surveillance Network and the Australian Paediatric Surveillance Unit.

The samples are necessary to differentiate enterovirus-linked AFP from those linked to the more common Guillain-Barre syndrome.

Research co-author and paediatric infectious diseases physician Dr Phillip Britton told *newsGP* the new enteroviruses are cropping up through poliovirus surveillance programs.

*"These two strains, A71 and D68, have caused problems in North America and East Asia over the last 15 years," he said. "That's why reporting cases of polio-like illness in children is really important. Sending specimens as early as possible to reference labs to test for these is often overlooked."*

*"From a GP perspective, it might come to your attention from hand, foot and mouth, fever and rash in young children. If there was a cluster in your area, sending a swab to reference labs to find out what viruses are around could be worthwhile."*

Dr Britton says NPEV can lead to permanent injuries.

*"There are several from the 2013 outbreak left with permanent spinal cord injury with long-term sequelae of paralysis, and several who had similar long-term consequences from the D68," he said.*

*"It can be quite a devastating illness, and very much like polio in the '50s and '60s."*

*In better news, the NPEV strains do not appear to be as infectious as poliovirus, which led to mass outbreaks throughout the 20th century.*

*"Polio is more explosive and more widespread," Dr Britton said.*

*"I don't want to suggest this is as big a problem, but we certainly need to monitor [NPEV strains], as they have the potential to become a big problem."*

While the viruses have been known to science for decades, the NPEV strains now causing concern are constantly evolving.

*"One thing about these enteroviruses is they're very error-prone in how they replicate, with a real ability to recombine parts of their genetic makeup with other viruses," Dr Britton said. "That's one of the real concerns — they're much more like the flu virus, which is constantly changing and different."*

This mutability means that while the poliovirus vaccine has been remarkably successful, producing a vaccine for NPEV strains is much harder, according to Dr Britton.

## GPs Called To Help *(cont'd from p22)*

China has been leading the push to a vaccine for the A71 strain, which [has been responsible](#) for more than 120,000 severe cases and more than 3,300 deaths between 2008 and 2015.

*"China has had the biggest problem with this virus. But no one knows how stable these vaccines are over time. For the D68, there is no vaccine,"* Dr Britton said.

### Polio Re-emerges In A New Guise

The new concerns come even as poliovirus is on the ropes. The dreaded disease it could cause, poliomyelitis—which caused permanent paralysis in [less than 1% of infections](#)—led to one of the world's most successful vaccination programs.

Two out of three wild poliovirus strains have been eradicated in the last five years, and all of Africa is now polio-free.

With wild polio now found only in Afghanistan and Pakistan, the world was anticipating the imminent eradication of the dangerous virus, in what would have been only the second virus—after smallpox—to ever be wiped out.

But as the current coronavirus pandemic shows, viruses pose a constant threat.

While poliovirus was brought down to its lowest-ever levels in 2019, a recent resurgence of vaccine-derived poliovirus challenges the long hoped-for victory. There have been [more than 460 cases](#) of this form of polio worldwide this year—more than four times the number in 2019.

Polio experts say that, for every known case, there are about 2,000 infections in the population, according to *Nature*.

The issue stems from the older poliovirus vaccines used across much of the world, which rely on weakened virus forms. These can, in rare circumstances, lead to a reversion to virulence.

*"It's a catch-22; the older polio vaccines are incredibly effective in controlling wild polio, but a very small proportion revert and can cause disease, especially in populations where vaccination rates are low,"* Dr Britton said.

*"In our region, Papua New Guinea and the Philippines have seen significant outbreaks of vaccine-derived poliovirus."*

While Australia uses inactivated polio vaccine, which cannot revert, people could be at risk if vaccination levels drop.

*"Having high rates of this vaccine at a population level is still incredibly important to protect us from importation of poliovirus,"* Dr Britton said.

*"We've got 95% vaccination rates amongst children, the highest rate it's ever been. We can't lose focus on this incredibly important virus."*

*"If the community at large understands how important these diseases are at a global level and in Australia, we can see that vaccination rate continue to rise."*

*"I'm very aware GPs are at the front line of vaccinations and maintaining confidence in the community."* 🌐

## Nerve Pain Explained

When pain continues longer than the time expected for an injury to heal (usually longer than 3 months), it is known as chronic pain. Nerve pain, often called neuropathic pain, is a type of chronic pain that affects about 1 in 20 Australians. Find out more about managing your nerve pain and strategies to help you live with your condition.

Nerve pain is caused by damage or injury to the nerves that send messages to the brain to signal pain. Nerve injury can result from medical conditions such as shingles, diabetes, stroke and HIV.

Nerve pain is often described as shooting, stabbing or burning sensations. Skin can become numb to light touch or warm objects. Sometimes, things that are not usually painful can cause pain (eg, contact with bedsheets).

Nerve pain can affect your sleep, mood and daily activities. It is important that nerve pain is diagnosed accurately by your GP. After that, you can decide together on how best to manage your condition.

Check the NPS Medicinewise website for clear, concise information: [www.nps.org.au/consumers/nerve-pain-explained](http://www.nps.org.au/consumers/nerve-pain-explained) 🌐

### Contents

#### 1. What is nerve pain?

#### 2. How is nerve pain diagnosed?

#### 3. How is nerve pain managed?

#### 4. Medicines for nerve pain

#### 5. Coping with nerve pain

#### 6. More information

#### 7. References





## Could COVID-19 Lead To Measles And Polio Epidemics?

**Source:** [www.health.europa.eu](http://www.health.europa.eu)  
—9 November 2020

UNICEF and the World Health Organization are calling for emergency action to avoid potential measles and polio epidemics as COVID-19 disrupts normal immunisation programmes.

The COVID-19 pandemic is disrupting immunisations across the globe, and both UNICEF and the WHO are now calling for emergency action in order to protect the most vulnerable children from these deadly and preventable childhood diseases.

The organisations issued the urgent call to action, estimating that \$655m (€551.66m) — \$400m for polio and \$255m for measles — will be needed to address dangerous immunity gaps in non-Gavi (The Vaccine Alliance) eligible countries and target age groups.

### Protecting The Most Vulnerable

In recent years, there has been a global resurgence of measles with ongoing outbreaks in all parts of the world, with measles at its highest number for two decades in 2019. Protection against measles and polio through vaccine programmes has been majorly disrupted during this year's unprecedented health pandemic.

At the same time, poliovirus transmission is expected to increase in Pakistan, Afghanistan, and many under-immunised areas of Africa, and failure to halt the spread would lead to a global

resurgence of the disease, resulting in as many as 200,000 new cases annually, within 10 years.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, said: "COVID-19 has had a devastating effect on health services and in particular immunisation services, worldwide, but unlike with COVID, we have the tools and knowledge to stop diseases such as polio and measles. What we need are the resources and commitments to put these tools and knowledge into action. If we do that, children's lives will be saved."

A next-generation, novel oral polio vaccine and the forthcoming Measles Outbreak Strategic Response Plan are expected to be deployed over the coming months to help tackle these growing threats in a more effective and sustainable manner, and ultimately save lives.

"We cannot allow the fight against one deadly disease to cause us to lose ground in the fight against other diseases," said Henrietta Fore, UNICEF Executive Director. "Addressing the global COVID-19 pandemic is critical. However, other deadly diseases also threaten the lives of millions of children in some of the poorest areas of the world. That is why today we are urgently calling for global action from country leaders, donors, and partners. We need additional financial resources to safely resume vaccination campaigns and prioritise immunisation systems that are critical to protect children and avert other epidemics besides COVID-19." 🌐

## The Campaign To Wipe Out Polio

By Jason Beaubien

### The Campaign To Wipe Out Polio Was Going Really Well ... Until It Wasn't

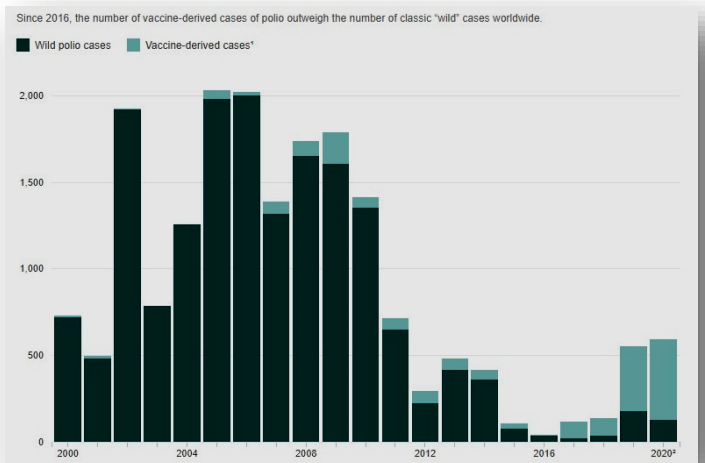
**Source:** [www.npr.org](http://www.npr.org)—30 October 2020

The multibillion-dollar global effort to eradicate polio hasn't just stalled. It's moving backward.

When the Global Polio Eradication Initiative began in 1988, roughly 350,000 kids a year were paralyzed by the virus. By 2016 that number had been driven down to 42 cases of any type of polio anywhere in the world.

But now cases are on the rise and expected to climb even further in the coming months. So far this year officials have tallied more than 200 cases of wild polio and nearly 600 cases of the vaccine-derived form of the disease. Most of the vaccine-derived strains of polio are in Afghanistan and Pakistan, but now these rogue strains of polio are also turning up across much of sub-Saharan Africa, Yemen, Malaysia and the Philippines.

### Polio Bounces Back Because Of Rogue Viruses, Lockdowns And The Taliban



### Notes

1. Vaccine-derived polio is a strain of the virus that originated as part the oral polio vaccine but has managed to circulate, reproduce and regain strength in places with poor sanitation.

## The Campaign To Wipe Out Polio *(cont'd from p24)*

### Notes (cont'd)

2. Through Oct 20.

Source: [WHO](#)

Credit: Jess Eng/NPR

Vaccine-derived polio is caused by remnants of earlier versions of the live virus used in the oral polio vaccine. The vaccine can be shed through faeces. In places with poor sanitation, the vaccine can be spread through wastewater. Over time, the virus from the oral vaccine can replicate, regain strength and become just as virulent as the original virus against which it's supposed to protect.

And worst of all most kids born after 2016 have no immunity to the most prominent vaccine-derived polio strain because that strain was thought to be on the verge of elimination and is no longer included in the primary oral vaccine they would have received.

What's more, millions of children have not received vaccines because of conflict and lack of access in Taliban-controlled areas of Afghanistan and Pakistan plus pandemic lockdowns.

*"2020 has been a terrible year and will continue to be a terrible year,"* says [Michel Zaffran](#), head of the Global Polio Eradication Initiative at the World Health Organization in Geneva.

The pandemic is part of the problem. In March, WHO ordered a pause to all polio eradication campaigns to make sure vaccinators going door to door weren't unwittingly contributing to the spread of COVID-19. That order was lifted over the summer, but *"as a result, 30 to 40 countries have not conducted mass immunization campaigns,"* Zaffran says. *"During that period, up to 80 million children have been left unprotected against polio."*

The fear is that with so many children now susceptible to polio, outbreaks could erupt, particularly in areas with poor sanitation where the virus can thrive.

And then there's the role the Taliban have played in stymieing vaccination efforts. *"For the last 28 months, there was a ban on polio activity in the southern provinces controlled by Taliban,"* says Mohammedi Mohammed, head of immunization for UNICEF in Afghanistan.

*"Twenty-eight months! It's enormous,"* he says of the amount of time that vaccinators have been barred by the Taliban from doing door-to-door polio vaccination drives. *"If we continue like this, soon we will have three years of children that were born but not vaccinated. So we are building up the susceptibles for a mega-outbreak."*

And there's no sign that the Taliban are going to lift the ban.

Cases are rising so dramatically in Afghanistan and Pakistan that WHO has authorized the reintroduction of a trivalent oral polio vaccine that was pulled from circulation—with a lot of fanfare—in 2016. The trivalent oral polio vaccine is also known as the *"Sabin vaccine,"* for its developer, Albert Sabin.

The Sabin vaccine contains live, weakened virus particles from the three strains of polio, Type 1, Type 2 and Type 3. It's easy to administer—just two drops in a child's mouth. It's the original workhorse of the global polio eradication campaign and allowed health workers to wipe out the disease in many parts of the world in the second half of the 20th century.

But by 2016 the Sabin vaccine appeared to have outlived its usefulness. Wild forms of Type 2 and Type 3 polio were no longer found in nature. What's more, the Type 2 portion of the vaccine is the source of most of the new *"vaccine-derived"* strains of the virus now causing more paralysis than the original wild forms of polio. So in April 2016 the Sabin vaccine was set to be pulled out of circulation by every country in the world at the same time. The elaborate process was called *"The Switch."*

According to this new strategy, oral vaccines without Type 2 would still be administered in some countries—carrying out mass vaccination campaigns in which every kid has to get a shot is far more complicated than just putting two drops of the Sabin vaccine in a child's mouth.

Overall, however, low-income countries would be encouraged to start immunizing children with the injectable form of the vaccine. The injectable is known as the *"Salk vaccine"* for its developer, Jonas Salk. This is what's used in the United States and other wealthy nations. It protects against all three types of polio. It does not contain live virus and thus does not pose a threat of creating vaccine-derived strains of the disease.

But immediately after The Switch there was a global shortage of the injectable version.

Regardless of the type of vaccine being used, the primary impediment to making polio the second human disease (after smallpox) to be eradicated is that polio transmission has never been stopped in the Afghan-Pakistan region. Every other country in the world has managed to get down to zero cases, even if some of those countries continue to deal with occasional vaccine-derived flare-ups.

## The Campaign To Wipe Out Polio *(cont'd from p25)*

### Polio Is Making A Comeback

In Afghanistan the government, along with UNICEF and other aid agencies, is attempting to find new ways to gain access to Taliban areas. They're launching expanded health services at clinics in Helmand, Kandahar and Uruzgan provinces to vaccinate kids against not just polio but numerous other diseases.

*"People in these three provinces are really the most underserved people of the entire country," says UNICEF's Mohammed in Kabul. "There's no water projects. There's no schools. The nutrition is a disaster."*

### Africa Declares Wild Polio Is Wiped Out—Yet It Persists In Vaccine-Derived Cases

Polio isn't a priority for the Taliban or many local residents, he says. *"The community starts to say, but why do you always offer the two [polio] drops? What about the rest? I mean, we are not dying of polio. We are dying of measles. We are dying of diarrhoea. We are dying of pneumonia. So please help us out."*

In one of the last sanctuaries for wild polio in the world, Mohammed says the hope is that children will get vaccinated for polio—and measles and other preventable diseases—through these new basic health services campaigns. 🌐



*Photo: A health worker administers a polio vaccine to a child in Afghanistan's Kandahar province. Taliban opposition to vaccine campaigns have left millions of children unprotected against the virus.*

*Javed Tanveer/AFP via Getty Images*





## Handmade Cards For All Occasions

If you are looking for that special card for the special people in your life, Melbourne-based polio survivor, Joan Smith, creates beautiful and unique handmade cards, which you can now purchase. Cards all come with individual envelopes and are protected by plastic sleeves.

Joan donates all proceeds from the sale of her cards to Polio Australia, for which we are very thankful!

These exquisite cards are sold in mixed packs of **5 for \$20** including postage and handling (within Australia only). There are also Christmas Cards, although we are unable to guarantee the postage times. You could always get in early for next year!

Below is a sample of Joan's beautiful cards. Click through to Polio Australia's website to order yours today: [www.polioaustralia.org.au/giving-opportunities/](http://www.polioaustralia.org.au/giving-opportunities/)

