



# Polio Oz News

December 2022 – Summer Edition

## Resources For Your Health Team

**By Michael Jackson**

*Polio Australia Clinical Educator*

Over the course of the last few years, we have been presenting and sharing links and materials in our workshops with health professionals, and with the Lived Experts who join us.

The materials have included items like the medical alert cards, summary sheets, Polio Australia brochures and, more recently, printed materials like the *Information for Theatre Nurses* brochure, *Polio Services Victoria's Surgery and Anaesthesia Guide*, and the 2<sup>nd</sup> Edition of Polio Australia's *Late Effects of Polio: Introduction to Clinical Practice* booklet. All of these resources (and many more!) are available online for free, and can be downloaded and printed as needed from:

[www.poliohealth.org.au/diagnosis-and-management/](http://www.poliohealth.org.au/diagnosis-and-management/)

Several are impractical to print due to their length, but those longer documents can be shared or read online.

The best starting documents for sharing LEOp/PPS information with your health team would be the following:

- *Recognise the Signs*
- *Information for Theatre Nurses*
- *Exercise and ADLs*

These three resources are two-page documents which highlight key aspects in a practical way.

We *strongly recommend* that you print the last page of *Polio Services Victoria's Surgery and Anaesthesia Guide*. That page is a very thorough polio history form which is tremendously helpful for any clinician. It can be used as a reference point for understanding your initial polio *and* your current symptoms, function, home setup, and device use. Using this form reduces the need for you to explain (sometimes ad nauseum!), saves all parties time, and bypasses clinician errors of not documenting factors that are important in their decision-making.

The most up-to-date manual is the 2<sup>nd</sup> Edition of our *LEoP: Introduction to Clinical Practice*



booklet. It is intended for clinicians to use to better understand LEOp and is quite dense reading despite most topics covering about two pages each.

Factsheets designed and intended for polio survivors are in a section of our main website, at the address:

[www.polioaustralia.org.au/living-with-polio/](http://www.polioaustralia.org.au/living-with-polio/)

These are also free, downloadable and printable, with most also being two pages in length. The factsheets can be helpful for clinicians to read as well, as they address specific post-polio symptoms, problems and resources.

A map showing polio cases across Australia (see my other article this issue) which is searchable by anyone to determine exposure to polio in a local epidemic, is only available online. While only 1-2% of those contracting the polio virus developed clinical paralysis, the additional 6-8% who developed significant viral symptoms (i.e. were exposed and got sick) can also develop LEOp. This map can help join the dots of those who "never had polio" but who actually were exposed to polio and may develop LEOp.

It can be challenging to a) become and remain well informed on one's own health condition, and b) have a care team well-informed on LEOp.

These resources have been created and published to help reduce these very challenges. Please read them and share them! 🌟

**Polio Australia**

Representing polio survivors

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**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)

“**Summertime is always the best of what might be.**”  
~ Charles Bowden ~

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## President's Report



**By Gillian Thomas OAM**  
President

Polio Australia recently held its 14<sup>th</sup> Annual General Meeting. Two Board members had stood down during the year, Peter Wierenga (SA) and Robyn Grote (Qld). We thank them for their dedication to our cause and for their work on the

Board over a number of years. Our [2021-2022 Annual Report](#) is now available to bring you the year's highlights.

On the staff front this year, our Community Programs Manager, Steph Cantrill, left us in April to take on a new challenge, while we were pleased to welcome Devalina Bhattacharjee to the role of Community Development Worker.

As reported in earlier issues of *Polio Oz News*, the contract we held with the Department of Health for our Clinical Practice Workshops (CPW) program concluded on 30 June. Despite our strong and ongoing representations showing the cost-effectiveness and value of the program to clinicians and polio survivors alike, the funding was not renewed on 1 July, or since. To maintain

the program's impetus, the Board took the decision in June to fund it for 6 months from our own resources while we continued to seek external funding to put the program on a sustainable footing. Unfortunately, the wheels of government grind mighty slow, and by early December it was apparent that the funding horizon was not getting any closer. The Board is acutely aware that if the CPW program ceases now, we not only lose the ability to educate clinicians about the late effects of polio, we also lose the staff who have the unique experience and expertise to deliver the program — if the program ends prematurely, it will be very difficult to start again. Accordingly, the Board resolved to keep the program going for a further 6 months, while we increasingly ramp up our efforts to obtain the necessary longer-term funding. Rest assured that the Board is absolutely committed to achieving our mission of "standardising quality polio information and service provision across Australia for polio survivors", but we can't do it on the smell of an oily rag. This is why we are so grateful for your donations in support of our work.

On behalf of the Board, I wish everyone all the best for the festive season and the new year. 🌟

Gillian

## From The Editor



**By Maryann Liethof**  
Editor

Another year nearly over! How was 2022 for you? At least we were free from covid-19 lockdowns and mandatory mask wearing. Even though the virus is still raging through our communities... Personally, I choose to play it safe in populated spaces and wear a mask, but we all have our 'unguarded' moments, don't we?

There are three articles in this edition which highlight this point: the battle for an Indian polio survivor to study medicine (P17); the disturbing news that polio has broken out in neighbouring Indonesia (P20); and an interesting review of "The Difference Between The Two Polio Vaccines" (P18). The "Polio This Week" chart (P22) is also a stark reflection on the increase in polio numbers world-wide.

Of course, polio survivors are only too aware of the consequences of viral infections. The Late Effects of Polio (LEoP) can be likened to the 'long covid' that people may be experiencing in years to come. Perhaps not the physical limitations, but certainly the chronic fatigue, which can be equally debilitating. Who knew that there would

be ongoing effects after recovering from a viral infection? WE DID!

Our Clinical Health Educator, Michael Jackson, has been collating a range of "Resources For Your Health Team" (P1), which could possibly now be more compelling for health professionals who, themselves, may be recovering from covid.

In the *Financial Update* (P7), Treasurer, Alan Cameron, has once again called out for any support people can provide to carry on funding the Clinical Practice Workshop Program. We urgently need your help to help others.

We continue to read about "Services Falling Short" (P14) and "Aged Care System Failing Older Australians" (P15), so we know there are always competing issues vying for our attention. However, Polio Australia's Team continue to work all angles to highlight the issues impacting polio survivors, from *Community Information Sessions* (P6) to annual *Polio Awareness Month* campaigns (P8). We are heartened to see the community still supporting each other decades on (P9), and sorry to see the folding of Polio NZ (P11). However, "We're Still Here!" and hope to be for at least another year.

I would like to wish all our readers a peaceful end to 2022 and an inspirational 2023 to come! 🌟

Maryann

## Clinical Practice Workshops Update



**By Michael Jackson**  
Polio Australia Clinical  
Educator

The CPW professional education program has been caretaken by Polio Australia after government funding was not renewed. Despite Polio Australia's requests for continued funding in mid-February this year, and further clarifications and numerous iterations of reports and letters being provided, the funding 'bucket' was reported to have been dissolved.

### Workshops Scheduled

- None at this time for remainder of 2022, and start of 2023.
- We have about 30 locations to contact as a carryover from 2022 (they expressed interest but could not schedule this year).
- A WA follow up trip is indicated given similar timing barrier (to those 30 listed in the chart on P5) and the interest on our November trip
- We have still not reached TAS in-person, but have via remote on several occasions in the past 2 years.

### Other Projects

**Hospital kits** (200) were distributed Australia-wide ([see map of locations](#)). Follow up has been limited due to priorities of securing, planning and delivering workshops.

**Aged Care course** has had a downturn to 3 registrations and 0 completions in the last 4 months – this most likely a result of a change in our facebook ad strategy (intended to reduce

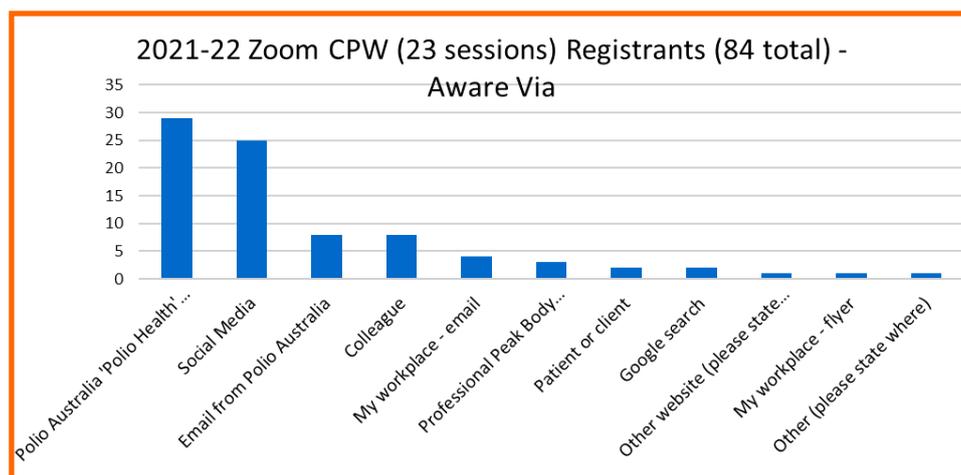
advertising costs) which made the course less distinct in the ad presented.

**The “Were you exposed to polio?” Google map layer** was updated prior to the last Board Meeting to have 3040 date location pins. Views since our last meeting increased from 7051 views to 10,204. This is significant as we have been pressing [the map](#) as a screening tool to clinicians where they suspect a client or person they know may have been exposed, i.e. more are looking at it to ask about exposure to polio.

**Clinical Advisory Group** will be one less in size due to the retirement of Dr Nolan (GP, out of St Andrew’s Hospital in Toowoomba, Qld). We wish him well in his retirement and thank him for his generous contribution of expertise and time over many years – most recently in attending and speaking at our June Cairns Conference this year.

**Research group: The SA Post-Polio Telehealth Clinic pilot project** has completed a local survivor survey regarding aspects/logistics of a clinic and it’s likely use. Research group is considering the responses in how to plan and roll out a telehealth clinic. We had 134 respondents, less than a quarter of whom said they would not be likely to use a telehealth post-polio clinic.

**Zoom workshops** have had 84 registrations since inception in February 2021, with subsequent attendance being 56 (66.6% conversion rate). This mode of delivery continues to be taken up as a means of convenience, with attendees being aware of this option as they report at registration.



## Clinical Practice Workshops Update *(cont'd from P4)*

### Clinical Practice Workshops

This table shows the workshops completed in the latest period. We were able to reach TAS again via remote workshops, but not in-person; the only region we have not been to since late 2019. We had a busy two weeks in WA in mid November, reaching a large number of clinicians there and actually hitting our average attendees target (14 per workshop) for these workshops.

Date	Facility Name	AUS	NSW	NT	TAS	WA	Grand Total
8-Sep-2022	Calvary Hospital				7		<b>7</b>
13-Sep-2022	Zoom	1					<b>1</b>
11-Oct-2022	Zoom	1					<b>1</b>
17-Oct-2022	Montefiore Randwick		14				<b>14</b>
20-Oct-2022	Montefiore Hunters Hill		17				<b>17</b>
21-Oct-2022	Royal North Shore Hospital		5				<b>5</b>
8-Nov-2022	Zoom	0					<b>0</b>
9-Nov-2022	Bunbury Hospital					32	<b>32</b>
10-Nov-2022	Joondalup Health Campus					28	<b>28</b>
11-Nov-2022	Geraldton City Hive					1	<b>1</b>
	WA Country Health Service, Midwest					9	<b>9</b>
14-Nov-2022	Rocky Bay					1	<b>1</b>
16-Nov-2022	Osborne Park Hospital					28	<b>28</b>
17-Nov-2022	Bunbury Hospital - Allied Health Clinicians					8	<b>8</b>
18-Nov-2022	Royal Perth Bentley Group					5	<b>5</b>
29-Nov-2022	Central Australian Aboriginal Congress - Skinner Street			4			<b>4</b>
30-Nov-2022	Central Australia Health Service - Alice Springs Hospital			8			<b>8</b>
1-Dec-2022	Central Australian Aboriginal Congress			8			<b>8</b>
13-Dec-2022	Zoom	0					<b>0</b>
19-Jul-20252	Zoom	2					<b>2</b>
<b>Grand Total</b>		<b>4</b>	<b>36</b>	<b>20</b>	<b>7</b>	<b>112</b>	<b>179</b>

### Funding

#### Government:

- PA Treasurer, Alan Cameron, and Michael met with Kate Grieve, Senior Policy Advisor to Health and Ageing Minister, Mark Bulter, at Parliament House in September. Kate has been proactive in sustaining attention to our request.
- We have also met with the Hon Mark Coulton (PA Parliamentary Patron) and Hon Ged Kearney (Assistant Minister for Health and Aged Care).
- Michael also met with his local member the Hon Milton Dick (Oxley) (current Speaker of the House of Representatives) in early December to discuss improving the awareness of and care of polio survivors.

#### Private:

Last week (ending 2<sup>nd</sup> Dec), Alan and Michael submitted an application to the Perpetual IMPACT grant, requesting \$120,000 to support this program for 8 months (June 1 2023-Feb 28<sup>th</sup> 2024). Outcome notification regarding this funding is due in February 2023. 🟡

## Community Programs Update



**By Devalina Battacharjee**  
Community Development  
Worker

### Community Information Sessions

- Sessions conducted on the 11th and 12th of October in Mosman Park, in collaboration with Polio WA (*photos right*).

- Sessions have also been conducted in Canberra and

Yass on the 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup> of October, respectively.

- Session scheduled in Geelong on the 16<sup>th</sup> of December (*graphic right*).

### Monthly Zoom Sessions

- We continue to meet monthly on Zoom, with very good attendance (averaging 40).
- The recent one had Professor Michael Kossove share one of his presentations with us.

### NDIS and My Aged Care Chats

- The [NDIS](#) and [My Aged Care](#) chats have been conducted on the 4<sup>th</sup> and 11<sup>th</sup> of October, respectively.
- The next round of NDIS and My Aged Care chats are on the 10<sup>th</sup> and 17<sup>th</sup> of January, respectively.

### Conferences

- Attended [AFDO Conference](#) and AGM on the 17<sup>th</sup> of October.
- Attended Polio Day on the 26<sup>th</sup> of October.
- Attended the Rotary Zone 8 Conference in Canberra from the 28<sup>th</sup> till 30<sup>th</sup> of October.
- Plans in place to organise a Melbourne-based seminar with a focus on mental health in early March 2023 (*see below*).
- Proposal submitted for Rotary International Convention that is set to take place in Melbourne in May 2023.

### Collaboration

- In correspondence with Ken Masson and John Yanni of Rotary International to form an international coalition for survivor support. 🌐

## DID YOU OR SOMEONE YOU KNOW HAVE POLIO?

**GEELONG**

McKellar Centre

Friday, 16th December 2022

11:00AM till 1:00 PM

### THE INFORMATION SESSION WILL COVER:

Current information about the Late Effects of Polio  
What to tell your health professional  
Self-management strategies  
Q&A  
Local connections

### RSVP ESSENTIAL - FOR MORE INFO OR TO REGISTER:

ONLINE: [https://bit.ly/Geelong\\_Event](https://bit.ly/Geelong_Event)

CONTACT Devalina: 0466 718 222 OR [devalina@polioaustralia.org.au](mailto:devalina@polioaustralia.org.au)



*Above: Participants at Community Information Sessions conducted on the 11th and 12th of October in Western Australia*

Coming Soon

Polio Australia is planning an exciting **FREE** event just for you!

We can't say too much just now—but it will be in Melbourne

—and it will be in early March 2023.

Think: Meeting Up With Old Friends / Information Exchange / Wellness / Reflection

You will not want to miss this, so stay tuned!

Check your emails and/or [Facebook](#) for updates.



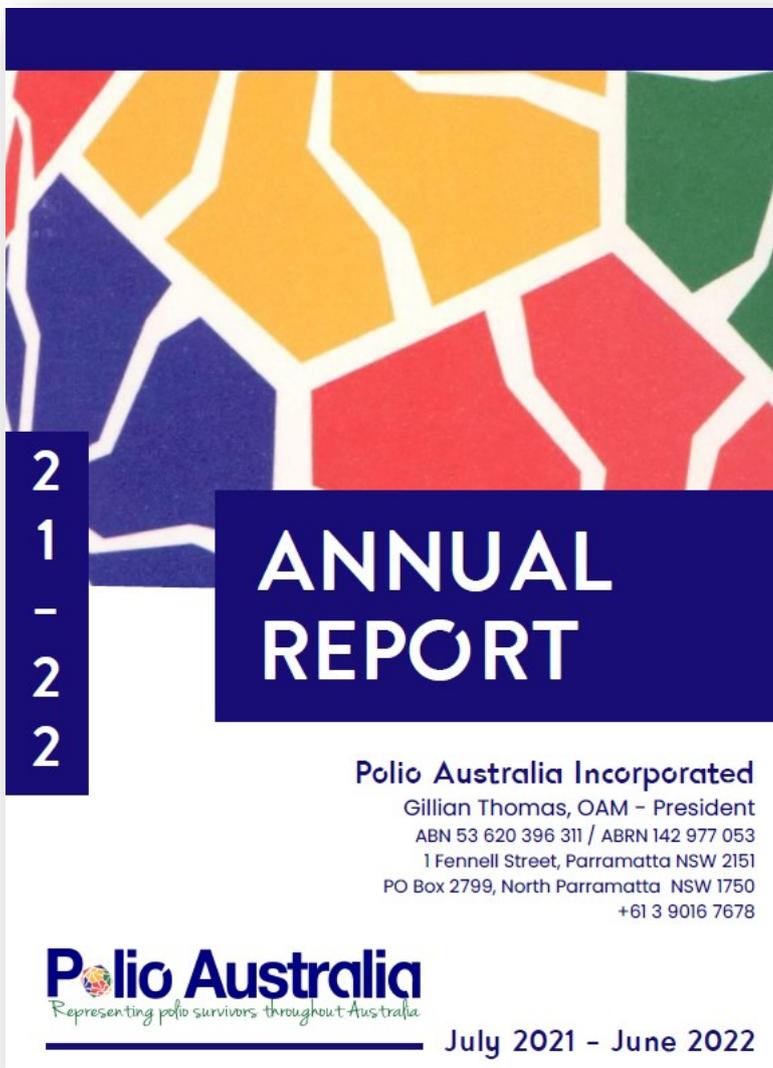
## Financial Update

Polio Australia would like to thank both individuals and organisations for their generous support, raising **\$3,332** for the final quarter of 2022. These tax-deductible donations are used to support Australia's post-polio community.

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).

## Polio Australia's 2021-22 Annual Report

On the 6th of December 2022, Polio Australia held its' 14th Annual General Meeting and has, subsequently, released our 2021-22 Annual Report. This can be viewed and/or downloaded [here](#).



### Funding For Clinical Practice Workshops—Can You Help?

Immediately before the 2022 election, the Federal Government announced that funding for the program would not be renewed. Since then, approaches to the new Government have, so far, been unsuccessful. Without a new commitment of **\$180,000 p.a.**, this wonderfully successful program will fold, which would be a mighty blow to the polio community.

The Board of Polio Australia is appealing to anyone who has ideas or contacts who may be able to help with philanthropic, industry, or community support, to make contact and put forward their ideas.

**Your help is needed urgently!**

**HELP US  
HELP OTHERS**



*Alan Cameron  
Treasurer  
Polio Australia*

*Polio Australia is a non-profit organisation and is endorsed by the Australian Taxation Office as a Health Promotion Charity and a Deductible Gift Recipient, making all Australian donations over \$2 to Polio Australia tax deductible.*

Please [click here](#) for a copy of Polio Australia's Constitution. You can also [click here](#) for Polio Australia's brochure, or [here](#) for Polio Australia's 2020-2022 Strategic Plan.

## Polio Awareness Month—October 2022



**By Paulette Jackson**  
Administration Officer

October flew by as quickly as it arrived! This year's theme: **Polio Survivors – Still Here, Resilient and Fighting On** - revolved around the strength and resilience of polio survivors.

We were happy to have three resilient polio survivors share their stories (and poem) with us. Thank you to those willing to share. You can view all of the wonderful polio survivor stories on our [Still Here website](#). We also had polio survivor, [Elizabeth Edmondson](#), share her Wikipedia page! If you would like to share your story, email us at [office@polioaustralia.org.au](mailto:office@polioaustralia.org.au). We would love to read about your resilience!

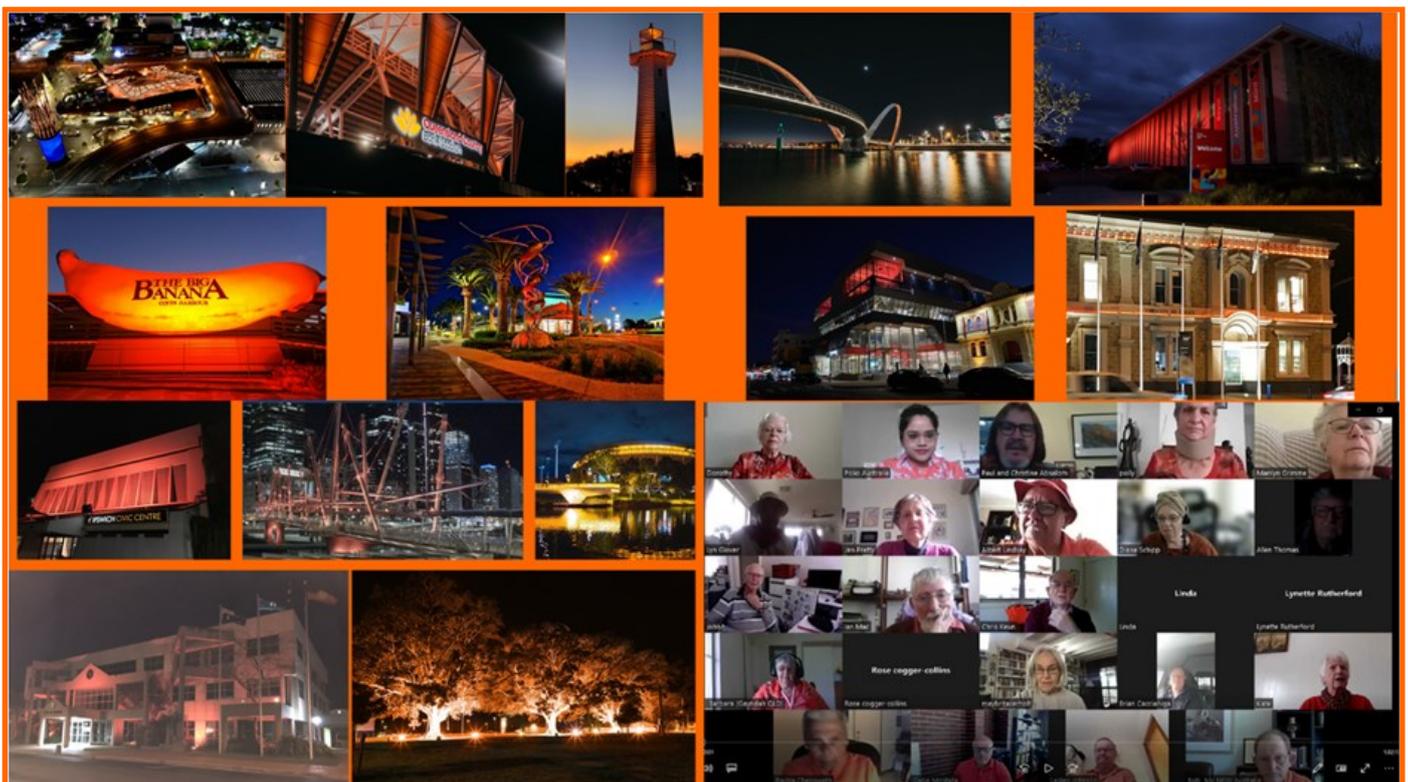
Did you see Australia light up **orange**? We sure did! We were happy to see the country light up **orange** again this year to bring awareness to the thousands of polio survivors living here in Australia. This year, we had 35 landmarks illuminate **orange** and three illuminate **purple** for Rotary International's [World Polio Day](#). For a list of all landmarks participating this year, click [here](#). It was great to see a lot of you wearing orange during our Zoom chat!



We, as an organisation, would like to thank the polio survivors who were willing to be interviewed by the media for Polio Awareness Month. Thank you to Elizabeth Edmondson, Lyn Glover, Joan Smith, James Collier, Andrew Kyprianou, Nola Buck, Gayle Kennedy, and Gary Newton. Although not everyone was interviewed, we appreciate your willingness to share your stories. You can view the media coverage for Polio Awareness Month [here](#).

Other events during Polio Awareness Month included:

- *An Evening with Sister Elizabeth Kenny* at the Sister Kenny Museum in Nobby, QLD;
- *Gatsby Party* hosted by Rotary New Farm (see page 9);
- Polio Network Victoria's *Navigating the System Event* and 35<sup>th</sup> Anniversary. 🎉



## Polio Support Group Still There For Each Other

By Isabelle Harris

Source: [www.sheppnews.com.au](http://www.sheppnews.com.au) – 21 October 2022

**Over 60 years on from the peak polio epidemics between the 1930s and 1960s, the Shepparton Polio Support Group still meets multiple times a year to support and learn from each other.**

Giuliana Marogy, who had the disease as a very young child, describes the group as a place where she can be around others with a similar experience.

*"We support each other, we have a laugh as well. You don't have to pretend, you can be yourself, whereas in society you have to put up a front,"* she said.

*"It's a shared identity type of thing ... we're not afraid to ask for help here, whereas in society you're not meant to ask for help. That's the way I was brought up and I think the majority of us would be the same as well."*

Also known as poliomyelitis, polio is an infectious disease caused by a virus that attacks the nervous system, with approximately one in 200 cases causing irreversible paralysis.

Although no-one has caught the disease 'wild' or locally acquired in Australia since 1972, survivors still deal with the neurological effects years later.

Many people who have had paralytic polio develop late effects of polio, and up to 40 per cent may develop post-polio syndrome, which can cause symptoms such as new muscle weakness, decreased muscle endurance, breathing and swallowing difficulties and fatigue.

Rosemaree Ryan is a carer for her husband, who suffers from post-polio syndrome decades after he caught the disease and says the group is also a valuable source of information.

*"Every three months, you go and have lunch, they'll bring in guest speakers and if not, you can chat to people. It didn't happen for two years (due to the COVID-19 pandemic) so it's nice to get back in,"* she said.

The group, which is facilitated by the GV Health – Rural Allied Health Team, arranges guest speakers on relevant topics, including My Aged Care, Polio Australia and Post-Polio Victoria.

*"You learn and you socialise so yeah, it's a good group,"* Rosemaree said.

October is Polio Awareness Month, with World Polio Day marked on October 24; this year's theme is **"We're still here!"**, to raise awareness of the late effects of polio.

The Mooroopna Water Tower and Monash Park Tree in Shepparton will be lit up orange to commemorate the occasion. 🌟



Photo: 'Shared identity': The Shepparton Polio Support Group, facilitated by the GV Health – Rural Allied Health Team, still meets multiple times a year to support and learn from each other.  
Photo by Isabelle Harris

## World Polio Day Activities

### Great Gatsby Party Fundraiser

Hosted by Sue Mackenzie, President of the Rotary Club of New Farm, Queensland



Gold Coast Benji was there!



Maryann was there, too!

Above: Sue (seated right) with family



Above: Happy Gatsby Party Goers

### The Bear Hotel Lights Up Purple For Polio Campaign

Source: [www.brecon-radnor.co.uk/](http://www.brecon-radnor.co.uk/) – 13th November 2022



Photo: The Bear Hotel in Crickhowell (Crickhowell Rotary)

Those passing through Crickhowell last month may have noticed an historic hotel was bathed in a purple hue. Monday, October 24 was World Polio Day and The Bear in Crickhowell helped raise awareness of this by lighting the front of the 500-year-old hotel in an eye-catching purple.

The annual day, which shares and celebrates progress on the road to polio eradication, fell within a week of 40th anniversary of the founding of Crickhowell Rotary Club. The cause is highly significant in the history of the Club and its association with matters of local national and international significance.

Crickhowell Rotary Club has regarded the Bear Hotel as its home throughout the club's 40-year history. Owners Stephen and Samantha Hindmarsh have been enthusiastic supporters of the club since its inception in 1982, when Mrs Judy Hindmarsh was the proprietor.

World Polio Week was to be no exception and their decision to support the promotion of this important milestone in the life of Rotary in general and for the club in particular, is indicative of the strength of the relationship between The Bear Hotel and Crickhowell Rotary.

Mr Hindmarsh said: "Illuminating The Bear in purple to mark National Polio Week and the 40th anniversary of the founding of the Rotary Club in Crickhowell was a great pleasure."

## Swan Song For Polio NZ Incorporated

**By Jeannette Aldridge**  
Polio NZ Secretary

In 1989 six people sat around a table to discuss how to get services in New Zealand to address the late effects of polio. Led by Phillipa Morrison of Napier, the Steering Committee decided to create an Incorporated Society for this purpose.

The laws under which a group of people can be 'Incorporated' were first established in New Zealand in 1908. The world has changed immensely in 124 years and so the legislation has been updated. The new Incorporated Societies Act takes effect in April 2026. All Incorporated Societies in New Zealand cease to exist after that date. If a group of people wish to continue to be formalised by law, they need to comply with the new law and 'reregister' with new rules in their Constitution.

The current Incorporated Societies law has 37 sections. The new law will have 270 sections including 8 sections just on the responsibilities of being an Officer of an Incorporated Society.

To continue as an Incorporated Society, Polio NZ members will need to:

- Update the rules in the Constitution to comply with the new law;
- Each member must consent to become a member of the new organisation;
- Elect a President, Secretary, and Treasurer and at least two Board members capable of managing an Incorporated Society under the new rules and reporting procedures; and
- Register the new Board and new signatories with Kiwibank to comply with money-laundering legislation.

The fact of the matter is that after 32 years, the members have become too old and/or tired to put in the voluntary hours that would be needed to reregister and keep the organisation going. In 2014 with feedback from the membership we established a Strategic Plan to fulfil the Purposes of the Society that had not been achieved to that date. In 2022, we have achieved almost everything we set out to do, and the things we didn't achieve, we had to accept that as a voluntary organisation with no support from the government, we were not going to be able to.

We are in the wonderful situation of now having another organisation who is capable of achieving what we couldn't – the provision of clinical

services to people who have had polio. The Duncan Foundation is funded by the Sir Thomas and Lady Duncan Trust, who established the only dedicated polio hospitals in New Zealand back in the 1940s until the 1970s. We are blessed to be able to hand our assets over to an organisation that will continue to do the work that we have always wanted to be done for our members – and all people who live in New Zealand who are affected by having had polio.

At the Polio NZ AGM on October 24 (World Polio Day) the Remit passed to 'wind up' the Incorporated Society.

'Winding up' Polio NZ Inc and handing over to the [Duncan Foundation](#) is the fulfilment of two convergent visions that began many years ago – the impulse of T.A. and Jeannie Duncan that founded the Sir Thomas and Lady Duncan Trust, and the Steering Committee that founded Polio NZ Inc. The descendants of both have been working together for many years and the Duncan Foundation is a culminating work for both Thomas and Jeannie Duncan, and those

who started Polio NZ Incorporated.

Everything we are doing that we enjoy will continue. Our Freephone 0800 4 POLIO will continue to be funded by the Duncan Foundation and answered by one of our members. Our weekly zoom meetings will continue and these are greatly valued by the members who attend. The Duncan Foundation also provides weekly online exercise classes for 'sitting' and 'standing'

The 'winding up' of an organisation usually signals an end. For Polio NZ Inc, it is the end of years of hard work and many disappointments – but it is the beginning of the flowering of the purpose that inspired it all – the provision of clinical services specifically for people who have had polio.

We have a lot to celebrate, and Board member, Sue Griffin, inspired the celebrations on World Polio Day with some specially made 'Purple Gin'.

With or without the gin, we celebrate and remember the hundreds of people who have made Polio NZ what it has been. The friendships and camaraderie that have developed over the years will continue. And when it all boiled down, that was what our members truly valued – the opportunity to talk with each other about the things that only we can talk to each other about! The ears that don't need any other explanation! 🌟



Polio NZ Board member, Sue Griffin, with purple nails gratis of The Skin Spa in Hamilton.



## Cooking For One?

**By Melinda Overall JP**

*Nutritionist / Counsellor*

[www.overallnutrition.com.au](http://www.overallnutrition.com.au)

Are you cooking for one and feeling like it's a chore? Are you wondering why you bother?

There are many circumstances that change people's living situation that can lead to cooking and dietary changes. Such circumstances may include flat mates moving out, partners separating/divorcing, one spouse/partner moving into care whilst the other partner/spouse continues living independently, and widowhood. You might have always lived alone but cooking simply seems like a chore as you age. Whatever the case, there is strong evidence that living alone can have negative influences on food shopping, food preparation, diet and cooking behaviour and health [1,2,3,4].

It's important that if we find ourselves living alone that we continue to do the things that have always supported good health. This will include maintaining social contact with family and friends, maintaining sound nutrition, spending time outdoors and engaging in physical



activity as you can tolerate [5].

As we age, good nutrition is an incredibly significant factor in health ageing. In fact, some dietary requirements increase as we age. Unfortunately, there are a number of factors that can lead to a decline in the quality, variety and quantity of food eaten. Some of the age-related factors and possible solutions can be reviewed in Table 1 (*below*).

*Table 1: Factors reducing nutritional intake in older age and possible solutions*

Factor	Solution
Reduced taste and smell sensitivity – making foods less palatable.	<ul style="list-style-type: none"> <li>Greater use of herbs and spices (not salt).</li> </ul>
Ill-fitting dentures – discomfort when eating. [6]	<ul style="list-style-type: none"> <li>Dental technician/dentist review of dentures.</li> </ul>
Poor digestion – leading to gut discomfort, can be seen with use of proton-pump inhibitors, and also simply due to fewer gastric secretions due to age. [5]	<ul style="list-style-type: none"> <li>Smaller, more frequent meals.</li> <li>Consult a nutritionist or dietitian to discuss use of digestive enzymes.</li> <li>Consumption of fruits that contain natural digestive enzymes (kiwi fruit, papaya/pawpaw, pineapple).</li> </ul>
Eating alone. [5]	<ul style="list-style-type: none"> <li>Eat with neighbours or take turns cooking for friends.</li> <li>Set your dining table – add some mood lighting and good music – even if it's just for you. You're worth it!</li> <li>Ensure that you're eating foods that you enjoy.</li> </ul>
Decline in appetite due to fewer gastric secretions due to age. [5]	<ul style="list-style-type: none"> <li>Drink some of your food – include soups and smoothies in your diet. These are great ways to increase nutrition.</li> </ul>
Constipation due to slower gut motility. [5]	<ul style="list-style-type: none"> <li>Ensure adequate hydration (30ml water per kg of body weight).</li> <li>Increase fibre intake (but gradually).</li> <li>Engage in physical activity as tolerated.</li> </ul>
Overwhelmed by cooking for one.	<ul style="list-style-type: none"> <li>Cook simpler meals.</li> <li>Cook in batches when you have time and energy and freeze meals.</li> <li>Cook during the day when you have more energy.</li> </ul>
Depression. [5]	<ul style="list-style-type: none"> <li>Seek out support – chat to your GP, a psychologist or counsellor, or a trusted family member or friend.</li> <li>Remember – it's ok not to feel ok and you don't have to go through things alone.</li> <li>Try to have a varied and balanced wholefood diet.</li> </ul>
Polypharmacy – concomitant use of four or more medications. [7]	<ul style="list-style-type: none"> <li>Chat to your pharmacist or GP about a medication review.</li> </ul>

## Cooking For One? *(cont'd from P12)*

Every bite matters but why is food so important as we age?

- After the age of 70 our protein requirements increase for both men and women and this is an especially important macronutrient for polio survivors Dietary protein requirement increases [7];
- Good nutrition supports good mental health and helps to reduce the risk of mild cognitive impairment and dementia [5,7,8];
- A varied and nutritionally diet reduces the reduce risk of malnutrition, weight loss and sarcopaenia [5,7] as well as other issues such as diabetes, cancer and heart disease;
- General improvements in nutrition, especially as we age, can help to modulate or ameliorate risks of age-related diseases and disability more generally [7];

If you're unsure about how to prepare a nutritionally balanced diet for one the best place to start is to follow the Australian Dietary guidelines, and eat at least the following serves of each food group in Table 2 (right).

*Table 2:  
Australian Dietary guidelines summary [9]*

Food Group	Women 51-70 years	Women 70+ years	Men 51-70 years	Men 70+ years
Vegetables	5	5	5 ½	5
Fruit	2	2	2	2
Cereal / grains	4	3	6	4 ½
Dairy	4	4	2 ½	3 ½
Protein	2	2	2 ½	2 ½

*Note: Protein can absolutely be higher for polio survivors. Discuss with your nutritionist or dietitian.*

More information about the dietary guidelines, including serving sizes, can be found by clicking [here](#).

If you need assistance to find easy ways to prepare food consider reaching out to a nutritionist or dietitian.

Eat well, stay well. 🍌

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## Services Falling Short Say Polio Survivors

The following article is an excerpt of a much more in-depth article, which can be read in full [here](#).

by **Natasha Egan**

**Source:** [www.australianageingagenda.com.au](http://www.australianageingagenda.com.au)  
– 15 November 2022

Australia's ageing polio survivors are calling for better services to support their health and independence and prevent premature entry into residential aged care.

Currently services are lacking due to little understanding about the needs of polio survivors including those with physical disabilities and post-polio syndrome – which refers to a range of debilitating biomechanical and neurological symptoms that occur years after contracting the initial polio infection. On top of this, the historical experiences of polio survivors is further hindering access to services.

To help address these gaps, the Australian Association of Gerontology, Celebrate Ageing and Post Polio Victoria are hosting a workshop to design more inclusive services and communities in Adelaide next Tuesday ahead of the AAG National Conference.

The workshop is bringing together polio experts – including polio survivors – to present evidence of experiences and how these experiences have shaped what polio survivors need.

Among them is Shirley Glance, president of Post Polio Victoria, who said there was a lot of stigma around polio resulting in people not wanting to admit they had it.

*"We were told we didn't have a disability, even though we had trouble walking. We just had to put up and shut up. We weren't allowed to be disabled," Mrs Glance told Australian Ageing Agenda.*

*"Some of us now have post polio syndrome, which causes progressive muscle weakness, pain and fatigue. We need help and we need service*

*providers to understand what we need. That's why this workshop is so important."*

The workshop aims to lead to the development of an AAG policy paper with recommendations for providers and policymakers, said Dr Catherine Barrett, a researcher, changemaker and founder and director of Celebrate Ageing.

*"The clinicians, researchers and other health practitioners in the room will work at tables with survivors and we'll ask what we need to create inclusive services and communities for people with post polio syndrome,"* Dr Barrett told AAA.

Among outcomes, Dr Barrett wants service providers to understand polio better so that polio survivors do not have to teach them and policymakers to better consider this group of people, who were silenced and told they didn't have a disability.

She said she wanted to do something in this area after talking to polio survivors for the first time.

*"When they started telling me about their stories, I just thought that's terrible, there's so many injustices,"* Dr Barrett said. *"A really significant part of the problem has been the way we treated them historically."*

That historical treatment includes people with polio and their families being told physical disability following infection was the result of being lazy, she said. *"The idea was just push through it,"* Dr Barrett said.

However, as will be presented at the workshop, this is resulting in older polio survivors continuing to try and push through without support and they are ending up in residential aged care, she said. *"Whereas you'd be better off getting the services in and getting that support in early at home."*

The three-hour workshop – [Recognition At Last: Inclusive Communities And Services For People Ageing With Post Polio Syndrome](#) – [took] place on Tuesday 22 November in Adelaide. 🇦🇺



Join us in **Melbourne on 24-25 May 2023** at ATSA Independent Living Expo.

The expo is still free to attend, there are plenty of seminar sessions you can register for at no cost and pre-register and we will give you a free coffee too! Plus – if you have a mobility parking permit, make sure you tick the box on your registration form, and we will throw in free parking!

There are anticipated to be **more than 140 exhibitors** displaying products and offering services to cover many needs. [Click here](#) for the exhibitor list.

In addition to the exciting innovation and new products on display in 2023, ATSA Independent Living Expo, Melbourne has a very strong education program. All sessions are free to attend. You just need to pre-register.

## Aged Care System Failing Older Australians

The following article is an excerpt of a much more in-depth article, which can be read in full [here](#).

**Aged care system accused of failing older Australians with disability, as those over 65 years remain locked out of NDIS**

**By National Disability Affairs Reporter Elizabeth Wright and the Specialist Reporting Team's Mary Lloyd and Evan Young**

**Source:** [www.abc.net.au](http://www.abc.net.au) — 6 October 2022

### Key points:

- Australians with disability aged over 65 years are locked out of the NDIS and must rely on other services for support
- NDIS Minister Bill Shorten says aged care services are there to take care of those aged over 65 years
- Advocates say the NDIS age cut-off is unfair and that the aged care system is not set up to support them adequately

Marie and Robert Young (*pictured below*) have never been afraid of hard work. Over the years, the retired nurse and former firefighter have farmed cattle, tended vineyards and made wine to support their family and secure their future. Now all that is at risk.



"My muscles have deteriorated. I can't garden anymore," Ms Young said. "Socialisation is the thing I miss most."

In 2021, Ms Young was diagnosed with motor neurone disease (MND), a rapidly progressing, degenerative condition that leads to paralysis. There is no cure for MND and it's expected Ms Young only has a few years left to live.

To allow the 74-year-old to live safely and make the most of her rapidly declining ability to move, the couple have had to buy mobility devices and make alterations to their Rainbow Beach home in South-East Queensland. It has cost them tens of thousands of dollars.

Most of it has come from their own pocket because Ms Young is not eligible for government support through the National Disability Insurance Scheme (NDIS) — that is because Australians aged over 65 cannot apply to join the scheme.

"I can't see why they ... think when you turn 65 you no longer have the same living standards," Ms Young said.

### Legal challenge

To ... disability advocates, the age cut-off amounts to age discrimination. They say limiting access to disability support based on age contravenes article 19 of the United Nations Convention on the Rights of Persons with Disabilities.

The NDIS age cap was thrust further into the spotlight last month when [a proposed class action](#) alleged excluding over-65s from the scheme due to their age was unlawful.

In a statement to the ABC, NDIS Minister Bill Shorten said there were no plans to expand the scheme's age limit as parliament had always intended for over-65s to be covered by the aged care system.

"When the NDIS was designed and legislated, the aged care system was considered superior," he said. "It is not up to the NDIS to be a stop-gap for aged care support services for people with disability."

Mr Shorten described the NDIS as "an oasis in the desert for older Australians" and said his role as minister was to make that system more effective.

A spokesperson for the Department of Health and Aged Care said it had been "consulting extensively" with aged care stakeholders over recent months, including those with a disability, on possible reforms to in-home care.

"This work has included consultation on how to improve access to goods, equipment, assistive technology and home modifications for older Australians, including for people with a disability," the spokesperson said. "The department will be undertaking further research to assess the feasibility of providing safe and cost-effective higher levels of care for people living at home." ●

## Australian Bush Nurse Elizabeth Kenny Honoured

By **Tania Scherf**

Source: [ABC Southern Qld](#) – 31 October 2022

She was a trailblazer with a remarkable story – Sister Elizabeth Kenny, the Australian bush nurse who defied the medical fraternity to develop her own unorthodox methods to treat polio.

Australia was declared polio-free in 2000 thanks to the success of vaccines, but last century polio was one of the most feared diseases in the world. Between 1930 and 1986, an estimated 20,000 to 40,000 Australian children developed paralytic polio.

During one of Australia's worst outbreaks in the 1930s, Sister Kenny's reputation grew for rehabilitating patients through her controversial technique of using hot baths, medical fomentations, discarding braces and calipers, and encouraging active movement.

This year marks 70 years since Sister Kenny's death.

While polio is now largely forgotten in Australia, those who live with its lingering effects have a constant reminder of the once-deadly scourge.

### Regina's story

Toowoomba woman Regina Albion credits the self-taught nurse's revolutionary treatment for surviving polio after she contracted it at the age of 13. It was 1954, and Toowoomba was still buzzing from Queen Elizabeth II's visit to the Garden City.

A visit from the doctor confirmed the worst. *"Dr Fenwick said, 'We'll do a spinal tap and check what it is, but I'm pretty sure you've got infantile paralysis of some form' ... and that is something I will never forget,"* Mrs Albion said.

She said instead of being taken to hospital, her father treated her at home after learning of the Sister Kenny technique on his trips abroad for his machinery business.

*"He certainly didn't believe in you being put in irons and kept straightened, you had to have the heat ... the massage, I had to have as much movement as they could get in,"* she said.

For the next 18 months, Mrs Albion underwent rigorous rehabilitation and physical therapy.

*"Dad hand-dug a pool with a neighbour, and they worked out how to heat the water and made this filtration system so it would be safe for me to be in the water,"* she said.

Mrs Albion said she eventually regained enough strength to walk again and returned to school.

*"I don't walk too straight, but I walk and I'm still on my feet and that's the main thing,"* she said.

### International acclaim

Sister Kenny reported successfully treating polio cases in the Darling Downs region as early as 1911. Ridiculed by the conservative medical profession at the time, she remained steadfast in her technique and established several treatment clinics along the east coast.

By 1940, she had landed in the United States, where her methods were eventually accepted, and she oversaw the establishment of the Sister Kenny Institute in Minneapolis in 1942.

While she endured many critics in her lifetime, Sister Kenny remained a revered figure in her small hometown of Nobby on the Darling Downs.

Affectionately referred to as "Nobby's daughter", residents have ensured her legacy lived on through a museum honouring her life's work.

Sister Kenny Memorial Museum Project Committee secretary Trish Wallen said the museum served as a reminder of how hard Sister Kenny worked to make a difference to the lives of those inflicted with polio.

*"It was a battle for her, but she knew she had the remedy,"* Ms Wallen said.

The committee used donations earlier this year to digitally remaster an original 1940s instructional film demonstrating her methods, before it perished.

*"It smelt so badly of vinegar, and we were told if it smelt like that, it was too far gone,"* Ms Wallen said.

### Living with the aftermath

The emergence of new cases of polio in the US, UK and Israel has prompted fresh warnings from international health authorities about the importance of vaccination.

For Mrs Albion, the rollout of Australia's polio vaccine came two years too late, leaving her to live with the disease's lasting effects.

She is one of thousands who are now experiencing post-polio syndrome — a condition that affects the nerves, muscles and ligaments, decades after a person's initial polio infection.

Despite her daily battle with pain and mobility, Mrs Albion said she was forever thankful for Sister Kenny's perseverance and dedication to polio sufferers.

*"I know that without receiving her technique, I wouldn't have had the life I've got,"* she said. 🌟

## She Missed Her Polio Drops ...

By Anonna Dutt, New Delhi

Source: [indianexpress.com](https://www.indianexpress.com) – 8 October 2022

### She missed her polio drops, was paralysed, walked on callipers and became a doctor

Despite being able to do her daily chores, walk by herself without callipers, complete her medical degree and the mandatory one-year long internship, Laxmi Chaudhary was given a 100 per cent disability certificate by Safdarjung Hospital, Delhi and disqualified from the PG course. She challenged the decision in courts, and won

Twenty-six-year-old Laxmi Chaudhary knew that her disability was not a hindrance to her becoming a well-respected doctor. And she went to court to prove just that.

### How she got paralysed: she missed her polio drops

Chaudhary's left leg was paralysed in a bout of polio when she was nine months old. Born in Mathura, where her father runs an agricultural equipment manufacturing business, she regrets not getting her polio drops. (With an aggressive oral vaccination drive through polio booths, the government was able to eliminate the viral infection from India in 2014).

*"My parents aren't very educated and did not understand much about polio drops. Had I received the drops, I could have avoided polio,"* says she. It took two surgeries at the age of four and seven years for her to start walking.

But that did not stop her from studying hard, and with foot callipers, she completed her MBBS degree in 2021. From a very young age, she knew she wanted to do something to distinguish herself; she wanted to be respected by society.

*"I knew I wanted to do something big but did not know what till I was in class X. When we were to select the subjects for the next year, my biology teacher pointed out that I was interested in the subject and even good at it. She encouraged me to become a doctor and my mind was set,"* she tells us.

Chaudhary says she was lucky to find herself in a medical school where teachers tried to ensure that she wasn't left out. *"My professors and teachers at BRD Medical College in Gorakhpur were very supportive. I had seniors with disabilities too and the teachers never made any of us feel that we were less than anyone else. In fact, they helped us by giving us shorter duties, ensuring that we weren't always on our feet,"* she adds.

With supportive school teachers and college professors, nothing prepared her for what she was about to face when heading for counselling for a PG seat.



### The legal battle to prove her ability

Once candidates clear the NEET-PG exam, they need to get a certificate stating that they are fit to pursue the course from one of the 15 centres across the country. Those with locomotor disabilities between 40 and 80 per cent are eligible for NEET PG under disability quota – any low and they do not qualify for the quota, any high and they are not eligible for PG itself.

Despite being able to do her daily chores, walk by herself without calliper support, complete the medical degree and the mandatory one-year long internship, Chaudhary was given a 100 per cent disability certificate by Safdarjung Hospital, Delhi. This essentially meant a panel of expert doctors thought that she would be unable to pursue her post-graduation given her physical limitations.

*"I could walk normally with the callipers. And, even when I didn't wear them at home, I was able to walk by putting some pressure on my left leg with my hands. I attended lectures, did my practical training, and worked in the hospital during my internship. When I was able to do everything on my own, how could Safdarjung authorities say that I was 100 per cent disabled?"*

She was surprised by the certificate. Just like her, Safdarjung Hospital gave a 100 per cent disability certificate disqualifying Anjali Bala and Mohammad Usman – both of whom had lower limb disabilities. Yet both of them had been given a go-ahead for their MBBS training earlier and for PG training from other institutes.

Knowing this, Chaudhary decided to fight it out in the courts. And, won. The Delhi High Court allowed her to be assessed by the All India Institute of Medical Sciences (AIIMS), Delhi. With the hospital certifying that her disability was less than 80 per cent, she was permitted to appear for the NEET-PG counselling.

*"Many people do not like the fact that the cut-offs for people with disabilities are lower than for the general population. But that is the definition of equality – those who are disadvantaged should get a leg up so that they can be at level with others,"* says Chaudhary, who is now pursuing her dreams confidently. 🌟

## The Differences Between The Two Polio Vaccines

By Jeffrey Kluger

Source: [time.com](https://www.time.com) — 2 November 2022



*Photo: A health worker gives a dose of the polio vaccine to a child during a vaccination campaign against polio in Kabul, Afghanistan, on Sept. 19, 2022. Saifurahman Safi—Xinhua/Getty Images*

Before this year, polio didn't feel like an urgent threat. The disease was eradicated in the U.S. in 1979, and thanks to a global vaccination campaign, it's endemic (though far from widespread) in just two countries—Pakistan and Afghanistan.

But the calculus changed in 2022. In July, an unvaccinated man in New York state contracted polio. And this year, poliovirus has circulated in wastewater in London, Jerusalem, and—as recently as Oct. 28—in New York City and several surrounding counties. *"Unvaccinated and undervaccinated in these areas are at risk for paralysis disease,"* researchers wrote in a report announcing the new New York findings. Anyone who falls into that category *"should complete the vaccination series as soon as possible."*

Paradoxically though, one of the two types of polio vaccines is playing a role in the recent spread. To combat the outbreak, the U.S. government is considering rolling out yet a third variety of vaccine. Here's what you need to know about the two different polio vaccines, the new one on the horizon, and how to keep your family safe.

### The differences between the two polio vaccines

The first polio vaccine, developed by Dr. Jonas Salk and approved in the U.S. in 1955, is known as the inactivated polio vaccine (IPV). It is administered by injection and uses a killed poliovirus to familiarize the immune system with the disease and prime it

to recognize a live, wild virus should it ever encounter one.

The second, developed by Dr. Albert Sabin and approved in the U.S. in 1963, is known as the oral polio vaccine (OPV) and uses an attenuated—or weakened—strain of the virus: one that can't cause disease but can do the same job of priming the immune system as the IPV.

The OPV has two big advantages: it's easier and cheaper to administer—with just a few drops to the tongue—than the IPV. That's why it has been the vaccine of choice for the Global Polio Eradication Initiative (GPEI)—a consortium made up of Rotary International, the World Health Organization (WHO), UNICEF, the CDC, and more—and other health organizations conducting mass international vaccinations campaigns. But it comes with a disadvantage, too. On rare occasions, the live virus in the OPV can revert to virulence, either causing polio in the person who received the drops, or shedding in their feces and spreading through the environment. Vanishingly small traces of feces on hands or surfaces—even after handwashing—can be sufficient to transmit the virus on the rare instances when this shedding occurs. So far in 2022, there have been 555 cases of polio in 21 countries caused by so-called circulating vaccine-derived poliovirus (cVDPV), according to GPEI. For this reason, the U.S. phased out the use of the OPV in 2000. But much of the rest of the world still uses it.

*"In countries where they continue to use OPV,"* says Dr. William Schaffner, professor of infectious diseases at Vanderbilt University School of Medicine, *"you have more cases of polio that are related to the vaccine than to the wild virus."*

None of this means that OPV is more menace than boon. The reversion to virulence is rare—happening in about one in three million doses administered, according to Schaffner—and not every case of reversion leads to a case of polio. Since the GPEI began its work in 1988, the OPV is estimated to have prevented 16 million cases of paralysis and 1.5 million deaths. Still, the virus that infected the Rockland County man and turned up in the wastewater in New York is just this type of vaccine-derived virus, presumably carried into the country by someone from a part of the world that uses the OPV. The London and Jerusalem strains are also genetically linked to the New York strain, suggesting an OPV origin.

## ... The Two Polio Vaccines *(cont'd from P18)*

But the IPV has a drawback, too, in addition to the comparative difficulty and expense of administration. The OPV, since it is taken orally, confers what's known as gut immunity—meaning that assuming a person who receives the vaccine is not among the unfortunate few in whom the virus reverts to virulence, there is no viral replication in the intestinal system and thus no shedding in feces, even if that person picked up a cVDPV from someone else. The IPV does not establish gut immunity; the vaccine may forever prevent a person who receives the shot from contracting polio, but it doesn't prevent intestinal replication if that person picks up a cVDPV. That presents a danger, because the IPV-vaccinated person could then spread the cVDPV further.

What's long been needed is a new oral vaccine: one that establishes gut immunity but is much less likely to revert to virulence. And such a vaccine now exists.

### The new oral polio vaccine

In 2021, researchers working with the Bill and Melinda Gates Foundation; the National Institute for Biological Standard and Control (NIBSC) in the U.K.; the University of California, San Francisco; and the U.S. Food and Drug Administration (FDA) developed a novel oral polio vaccine known as nOPV2. (The "2" in the name signifies that it is targeted specifically at polio's type 2 strain—the only remaining one of the three strains that once existed. Types 1 and 3 have been eradicated.) The nOPV2 vaccine—which isn't yet approved for use in the U.S.—includes an attenuated virus genetically engineered to be much stabler than the one used in the existing OPV. Rather than having to undergo just a single mutation to revert to virulence, the virus in the nOPV2 must mutate at up to five different points on its genome before it can present a danger.

*"It's a virus that can still accumulate mutations like any virus,"* says Raul-Andino Pavlovsky, a professor of microbiology and immunology at the University of California, San Francisco, who was involved in the vaccine development. *"But it's a little bit crippled so it doesn't evolve as quickly as the original oral polio vaccine, and therefore it's safer."*

Much safer, actually. *"We incorporated changes to make it more faithful as it copied,"* says Andrew Macadam, principal scientist with the NIBSC, who also worked on the new vaccine. *"With our virus, we've never seen reversion to virulence in in vitro tests, in animals or in people."* In March 2021, the new vaccine was first put to work

in Africa, and since then, 500 million doses have been administered, especially in Africa, Afghanistan, and Pakistan. In that time, says Macadam, *"there's not been a single verified case of vaccine-associated polio [with the nOPV2]."*

### How to protect yourself from polio

At the moment, the IPV remains the best means to protect yourself and your family. Currently, 92.5% of U.S. children have received the prescribed 3 doses of the shots by age two, according to the CDC. But vaccination rates vary greatly across the country. In Idaho, the figure is 86.6%, for example, and in the District of Columbia, it's only 80.4%. In the zip code in which the Rockland County man who recently contracted polio lives, the vaccination rate stands at a dangerously low 37.3%. For that reason, the CDC is considering authorizing the use of the new vaccine in the U.S., hoping to stem the current spread of vaccine-derived poliovirus by establishing gut immunity in people who receive the nOPV2 drops. The new vaccine may be superior to the IPV because of that additional layer of immunity it provides, but more than 20 years of vaccine policy are not overturned quickly—especially since the IPV has been so successful in the U.S.—and the U.S. government is taking its time in deciding whether or not to make the move.

*"Out of an abundance of caution, CDC is looking at all options to stop the circulation of poliovirus in New York,"* said Jannell Routh, the CDC's team leader for domestic polio surveillance, in a statement to TIME. On Oct. 19, Routh said, the CDC and New York state formed a polio working group and *"began preliminary discussions to consider the criteria under which nOPV2 might be used in areas with persistent circulation of poliovirus."* Any use of the nOPV2 would require emergency use authorization from the FDA, Routh added.

Neither Routh nor other CDC spokespersons would speculate as to when the polio working group would reach a conclusion on whether or not to recommend the use of the nOPV2. For now, Routh said, *"vaccinating those at-risk in the affected and surrounding communities with IPV, a safe and highly effective vaccine, continues to remain the priority. Three doses of IPV provides 99% protection against paralytic disease caused by poliovirus infection."*

The nOPV2 is new, and the outbreak in New York is newer still. But at the moment, at least, it's an old preventive that represents the front line in protecting the vulnerable. 🟡

## Polio Is Back In Indonesia

**By Riska Munawarah and Niniek Karmini**

— AP

**Source:** [www.washingtonpost.com](http://www.washingtonpost.com)

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PIDIE, Indonesia — Children in school uniforms and toddlers with their parents lined up Monday for polio vaccinations in the Sigli town square on the northern tip of the Indonesian island of Sumatra, after four children were found infected with the highly contagious disease that was declared eliminated in the country less than a decade ago.

The virus was first detected in October in a 7-year-old boy suffering from partial paralysis in the province of Aceh near Sigli, and since then three other cases have been detected, prompting the mass immunization and information drive.

Officials say that polio immunization rates in the conservative province are well behind the rest of the country, with efforts hampered by widespread disinformation the vaccine is incompatible with religious beliefs, among other things. The government has also been prioritizing COVID-19 vaccinations since they became available.

The campaign that started Monday aims to vaccinate some 1.2 million children in the province, said Maxi Rein Rondonuwu, the Health Ministry's director general for disease control and prevention.

*"There is no cure for polio, the only treatment is prevention and the tool for prevention is vaccination,"* Rondonuwu said, adding that the child is still able to walk, albeit with a limp.

With some 275 million people, Indonesia is the world's fourth most populous, and the largest Muslim-majority nation.

Aceh is particularly conservative, and is Indonesia's only province allowed to practice Shariah, which was a concession made by the national government in 2006 to end a war with separatists.

False rumors that the polio vaccine contains pork or alcohol, prohibited according to Muslim beliefs, have proliferated, especially in rural areas, complicating vaccination efforts, said the head of the Aceh Health Office, Hanif, who only goes by one name like many Indonesians.

*"We cannot work alone, we need support from all parties, including religious leaders, to that people understand the importance of immunization,"* said Hanif.

Azhar, the father of the 7-year-old who

contracted polio, said he had opted not to immunize his son after other villagers where he lived told him the vaccines may cause harmful chemicals or non-halal substances.

*"My neighbors said that my son don't need to be immunized and I didn't want my son get sick because of harmful chemicals that are against Islam,"* the 45-year-old said.

For Dewi Safitri, a mother of three who was getting them vaccinated on Monday, it was simply a matter of not knowing it was necessary.

She said she was convinced after health workers spelled out the risks of paralysis or death if her children were to go unvaccinated.

*"I didn't even know about immunization,"* she said.

The World Health Assembly adopted a resolution for the global eradication of polio in 1988 and since then, wild poliovirus cases have decreased by more than 99%, according to the World Health Organization.

It was eliminated in Indonesia in 2014, and is today only still endemic in two countries — Afghanistan and Pakistan.

Polio primarily affects children under the age of 5, according to the WHO. Unvaccinated people of any ages can contract the disease, however, and sporadic cases continue to crop up.

In September in New York, for example, the state stepped up its polio-fighting efforts after the disease was detected in the wastewater in the New York City area.

Officials began checking for signs of the virus there after the first case of polio in the United States was identified in July in Rockland County, which is north of the city. It was confirmed in a young adult who was unvaccinated.

The statewide polio vaccination rate is 79% but Rockland's rate was lower, and New York health officials urged all unvaccinated residents, including children by 2 months of age, to get vaccinated immediately.

Last week, new poliovirus cases were found in Afghanistan, Algeria, Chad, Democratic Republic of Congo, Ethiopia and Nigeria, according to the WHO's Global Polio Eradication Initiative.

Of the three other children in Indonesia from the same village as the initially confirmed case none had their basic vaccinations, Rondonuwu said.

*"It has to be reported as an outbreak, because it had been declared eradicated in Indonesia, but it turns out that there is still wild polio virus,"* he said.

## Polio Is Back In Indonesia *(cont'd from P20)*

Rondonuwu said his ministry is keeping a close watch on the cases by doing door-to-door screening to ensure that there are no additional infections that have not been reported.

The polio virus is transmitted person-to-person, generally through the "fecal-oral" route, according to the WHO. In Indonesia, authorities have also pointed to unsanitary conditions as a probable cause of the new infections after finding out that some local residents still defecate directly into a river where children are often found playing.

Across Indonesia, polio vaccination coverage has been slipping since the outbreak of COVID-19. Despite the challenges of reaching people in the archipelago nation of five main islands and thousands of smaller ones, 73.4% of Indonesians are now fully vaccinated for COVID-19 and 87.5% have at least one shot.

For polio, 86.8% of babies were vaccinated in their first year in 2020 nationwide, which fell to 80.7% in 2021 as the country was forced to focus most of its health facilities and workers on addressing the pandemic.

By comparison, only 50.9% of the infants born in Aceh in 2021 received a polio vaccination. It was the second lowest on a national scale after West Papua, where only 43.4% of babies were vaccinated.

The nationwide decline was part of a broader drop in basic immunizations, such as for measles and rubella, according to UNICEF.

Dicky Budiman, an Indonesian epidemiologist from Australia's Griffith University, said the discovery of polio in Aceh must be responded to seriously because *"the threat is real for Indonesia,"* noting that basic immunization coverage is still low, putting the country in a high-risk category.

*"This is what the government really has to pursue, because it's dangerous if we don't,"* Budiman said.

*"We must move immediately by strengthening basic immunization or there will be a potential additional health disaster for Indonesia."*



*Photo: A girl receives drops of vaccine from a medical worker during a polio immunization campaign at Sigli Town Square in Pidie, Aceh province, Indonesia, Monday, Nov. 28, 2022. Indonesia has begun a campaign against the poliovirus in the the country's conservative province after several children were found infected with the highly-contagious disease that was declared eradicated in the country less than a decade ago. (AP Photo/Riska Munawarah)*

## Polio This Week

## Global Circulating Vaccine-derived Poliovirus (cVDPV) as of 6 of December 2022

	Country	AFP cases (Paralysis onset between 2020-2022)				Other sources (Human) <sup>2</sup> (Collection between 2020-2022)				Other sources (Environment) (Collection between 2020-2022)				
		2020	2021	2022	Onset of most recent case	2020	2021	2022	most recent collection date	2020	2021	2022	most recent collection date	
cVDPV1 <sup>1</sup>	Madagascar	2	13	13	25-Sep-22			25	10	26-Oct-22		31	77	12-Sep-22
	Mozambique	1		18	23-Oct-22									
	DR Congo			48	20-Sep-22			4		24-Sep-22				
	Malawi			3	27-Aug-22			1		19-Sep-22				
	Yemen	31	3		27-Mar-21					07-Jul-19				
	Malaysia	1			14-Jan-20						9			13-Mar-20
	<b>Total type 1</b>	<b>35</b>	<b>16</b>	<b>82</b>			<b>15</b>			<b>9</b>	<b>31</b>	<b>77</b>		
cVDPV2 <sup>1</sup>	Indonesia			1	09-Oct-22			3		11-Nov-22				
	Central African Republic	4		3	12-Aug-22	1				05-Oct-20	2	1	7	09-Nov-22
	Niger	10	18	13	24-Oct-22	2	1	3		19-May-22	9		14	17-Oct-22
	Algeria			1	11-Apr-22			2		19-Jul-22			14	17-Oct-22
	Yemen		66	158	12-Oct-22		17	30		23-Jul-22		13	3	31-Jan-22
	Benin	3	3	10	09-Oct-22		2	1		01-Jun-22	5	1	7	11-Oct-22
	Zambia												1	04-Oct-22
	Botswana												1	04-Oct-22
	Ghana	12		3	14-Sep-22	10		4		01-Jun-22	20		19	04-Oct-22
	Togo	9		2	30-Sep-22	9				09-Jul-20			2	06-Sep-22
	DR Congo	81	28	191	24-Sep-22	95	6	24		15-Sep-22	1	3	4	27-Aug-22
	Nigeria	8	415	42	02-Sep-22	8	204	28		18-Aug-22	5	303	72	13-Sep-22
	Egypt										1	12	6	29-Aug-22
	Chad	101		22	10-Aug-22	17		2		03-Mar-22	3	1		10-Nov-21
	Somalia	14	1	4	16-Jul-22	13		2		21-Jul-22	26	1	3	19-May-22
	Côte d'Ivoire	64			18-Oct-20	25				01-Nov-20	95		3	18-Jul-22
	United States of America			1	20-Jun-22									
	Israel												1	16-Jun-22
	United Kingdom												3	31-May-22
	Djibouti											7	12	22-May-22
	Ethiopia	37	10	1	01-Apr-22	7				13-Oct-20	4			28-Dec-20
	Mozambique		2	4	26-Mar-22					17-Dec-18				
	Eritrea		1	1	02-Mar-22									
	Senegal		17		27-Oct-21		34			17-Nov-21	1	14	1	17-Jan-22
	Burkina Faso	68	2		09-Jun-21	12				19-Sep-20		1		28-Dec-21
	Ukraine		2		24-Dec-21			18		09-Oct-21				
	Mauritania						4			19-Jul-21		7		15-Dec-21
	Uganda											2		02-Nov-21
	Cameroon	7	3		11-Oct-21	4	3			29-Oct-21	9	1		25-Oct-21
	Gambia											9		09-Sep-21
	Pakistan	135	8		23-Apr-21	2				11-Nov-20	135	35		13-Aug-21
	Guinea	44	6		01-Apr-21	1				05-Sep-20	1	2		11-Aug-21
	Guinea-Bissau		3		15-Jul-21		1			26-Jul-21				03-Aug-21
	Tajikistan	1	35		25-Jul-21		22			24-May-21		17		22-Mar-21
	Afghanistan	308	43		09-Jul-21	36	2			03-May-21	175	40		23-Jun-21
	Sierra Leone	10	5		28-Feb-21	6	8			19-Mar-21		9		01-Jun-21
	Congo	2	2		10-Feb-21	2				12-Oct-20	1	3		01-Jun-21
	Liberia		3		28-May-21	2	5			21-Jan-21	7	14		20-Apr-21
	South Sudan	50	9		10-Apr-21	19	5			25-Feb-21	6			01-Dec-20
	Iran										3	1		20-Feb-21
	Kenya					1	2			25-Jan-21	1	1		13-Jan-21
	Mali	52			23-Dec-20	3				15-Aug-20	4			29-Aug-20
	Sudan	58			18-Dec-20	11				01-Oct-20	14			09-Nov-20
	Angola	3			09-Feb-20					31-Oct-19				02-Dec-19
	Philippines	1			15-Jan-20					23-Nov-19	4			16-Jan-20
	Philippines	1			15-Jan-20					23-Nov-19	4			16-Jan-20
	Malaysia										5			04-Feb-20
	<b>Total type 2</b>	<b>1083</b>	<b>682</b>	<b>457</b>		<b>286</b>	<b>334</b>	<b>99</b>		<b>541</b>	<b>498</b>	<b>173</b>		
cVDPV3 <sup>1</sup>	Israel			1			3		24-Mar-22	1	5	25	15-Mar-22	
	Occupied Palestinian Terr.										7	9	12-Mar-22	
	China					1			22-Jul-20		1		25-Jan-21	
	<b>Total type 3</b>	<b>0</b>	<b>0</b>	<b>1</b>		<b>1</b>	<b>0</b>	<b>3</b>		<b>1</b>	<b>13</b>	<b>34</b>		
Gender	Female (all sero type)	493	395	232										
	Male (all sero type)	610	290	306										
	Gender Unknown	10	3	2										

If a population is seriously under-immunized, there are enough susceptible children for the excreted vaccine-derived polioviruses to begin circulating in the community. If the vaccine-virus is able to circulate for a prolonged period of time uninterrupted, it can mutate and, over the course of 12-18 months, reacquire neurovirulence. These viruses are called circulating vaccine-derived polioviruses (cVDPV). ●