



Polio Oz News

September 2024 – Spring Edition

Ageing And Gut Changes

By Melinda Overall JP

Nutritionist / Counsellor

www.overallnutrition.com.au

Healthy ageing requires great nutrition but unfortunately as we age ensuring that we have a nutritionally replete diet can become difficult. This happens not simply because of the food choices that we make but because of age-related changes to our gastrointestinal tract (GIT). These shifts in our GIT function can make it difficult for us to properly digest and metabolise our food, so it is important for us to ensure that we make the healthiest food choices possible (whilst we have a little bit of food fun every now and then).

Polio survivors can be hit doubly as post-polio syndrome can also cause dysfunction to their GIT in addition to anticipated age-related changes.

Some of the age-related GIT changes include, but are not limited to, the following:

- **Reduced digestive tract muscle tone;** which can cause dysphagia, reduced GIT motility and loss of elasticity of the stomach.
- **Loss of smell and taste;** this reduces the effect of the cephalic phase which refers to an increase in the secretion of stomach acids and digestive enzymes when we see and smell food, or even if we simply think about food.
- **Damaged mucosal lining;** which leads to poor nutrient absorption due to decreased surface area in the GIT.
- **Reduced hydrochloric acid and digestive enzyme production;** in addition to the reduced effects of the cephalic phase of digestion as we age we produce less of the chemicals that help us to breakdown and digest our food. This means we absorb fewer nutrients from our meals.



- **Medications;** some medications can disrupt the mucosal lining especially in the oesophagus which can lead to inflammation and drive dysphagia. A special shout out here for nonsteroidal anti-inflammatory drugs (NSAID), aspirin, doxycycline, bisphosphonates, ferrous sulphate, and captopril.
- **Altered GIT microbiome;** when there are derangements of the microbiome there are shifts in the protective mechanisms in the GIT mucosal lining as well as decreased blood flow in the GIT. This, in turn, can inhibit GIT repair.
- **Dentures;** ill-fitting dentures can make it painful to eat, and this can result in reduced consumption of protein which is a little harder to chew than other macro nutrients.
 - **Small intestinal bacterial overgrowth (SIBO);** whilst SIBO is common it is more prevalent in the older population and can be associated with nutritional deficiencies, nutrition malabsorption, chronic diarrhoea, weight loss and dehydration.
 - **Constipation;** chronic constipation can be driven by lack of physical activity, poor fluid intake, poor fibre intake and some medications. Constipation is commonly considered frustrating and painful but it can incur a reduction of appetite which can lead to nutritional deficiencies and also an exacerbation of the constipation itself.

Many of these GIT changes can lead to people making poorer food choices as they seek foods that are easy to eat, provide a quick energy spike and that are generally nutrient-poor and energy-rich. This can lead to further reduction of nutritional adequacy, weight gain and sarcopaenia.

It's important to aim for nutritionally dense foods that are easy to digest such as:

Polio Australia

Representing polio survivors

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“ **An optimist is the human personification of Spring** ”

~ Susan J Bissonette ~

Polio Australia’s Websites

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Polio Australia



Representing polio survivors throughout Australia

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

www.polioaustralia.org.au

Polio Australia



Improving health outcomes for Australia's polio survivors

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

www.poliohealth.org.au

Australian Polio Register

Have you added your polio details?



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

www.australianpolioregister.org.au

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President's Report



By Gillian Thomas OAM
President

With warmer weather coming soon, I am also hoping for a brighter outlook for Polio Australia's financial fortunes. It was very gratifying to see an additional \$43,000 in the coffers following the End Of Financial Year campaign (p6).

On behalf of Polio Australia, I can't thank the donors enough for their generosity. This boon goes directly into supporting the vital but unfunded Health Education Program.

Michael Jackson, our Health Educator, has outlined the work he has been doing (p4, 7 and 8), all within a three day week. There is so much more to be done but, in spite of putting in numerous grant applications, there are clearly many worthy charities we are competing with.

Devalina Bhattacharjee's Community Program is only funded until early next year, so I encourage anyone who has not yet been to a face-to-face or Zoom information session, to check the link for dates (p5).

Paulette Jackson has been busy putting together

information for October's Polio Awareness Month (p6). It is wonderful to see our "light up in orange" campaign continue to grow in momentum each year, but without Paulette's dedicated efforts in the months leading up to October it simply would not have gained the foothold it now has.

In the last (Winter) edition of *Polio Oz News*, we thought we might be engaging this October with [STRYDE4](#) and polio survivor, Michael Tu, in promoting a walking/cycling/wheeling event to raise awareness of the late effects of polio. Sadly, we simply don't have the resources to participate this year. However, I will be supporting Michael Tu in whatever activity he chooses to do.

Earlier in the year, I was sorry to read about the passing of Bob Aitken AM JP (p15). Polio Australia was an additional beneficiary of Bob's many achievements, as he was the driving force behind Rotary District 9685 funding our first series of Clinical Practice Workshops. Without that 2015-16 Rotary pilot project, Polio Australia wouldn't have had the proof of efficacy and success needed to secure government funding (2017 to 2022) for the Clinical Health Education Program. 🌟

Gillian

From The Editor



By Maryann Liethof
Editor

Another year is flying by and there seems to be no end in sight for various world conflicts. One issue dominating the news recently is an outbreak in Gaza—as if the residents don't already have enough to contend

with! I have had so many articles to choose from but managed to pare it down to three, each covering a different angle (p19-22).

Although I am not a polio survivor myself, I was very interested in Melinda Overall's contribution for this edition, as I have been experiencing gut changes for many years now. Whilst it can be a bit of an effort to make changes to an eating regime, the health benefits can be significant.

The NDIS (for those of us <65 yo—I only have 4 months to go!) continues to make the news (p5), and always has more to answer for. I have included articles on *Living With Post-Viral Conditions* (p10), as well as the "Count Us In" campaign (p11) for people living with neurological conditions, both of which include the Late Effects of Polio. The discriminatory nature of the NDIS and/or equal access to assistive



technology is a key concern for people with these conditions, both now and in future.

Who cares for the carers? If you would like to add your voice to a discussion paper on the National Carer Strategy (p13), you have until the 13th of September to do so.

Have you ever been denied travel because of disability? Many people will relate to Gloria's story (p14) who was all set to board a P&O cruise (in the UK) but was turned away due to "safety restrictions". I guess being forewarned is being forearmed...

I admit I have no real idea what "neurobiological modulation" is, but I thought the study I came across on the topic (p16) indicated sufficient therapeutic promise for polio survivors to include. It's really good to see that there is still research being done in the area of post-polio.

This, of course, includes, Polio Australia's Health Educator, Michael Jackson's, 2024 Survey (p8), focusing on terminology. To effectively provide national systemic advocacy, it is important to ascertain a general consensus.

Having gotten through another Melbourne winter, I am looking forward to a holiday in warmer climes next week. I hope to come back refreshed and raring to go. Happy Spring! 🌟

Maryann

Health Worker Education Program Update



By Michael Jackson
Polio Australia Clinical
Health Educator

Our HWEP work continues to operate on a three-day week schedule, but the good news is that it will survive on that basis until at least the end of this calendar year.

Workshops Completed

- Monthly Zoom Workshops July 1 and Aug 1 (2 attendees)
- July 16 and 18 (30 attendees) at Mt Wilga Rehabilitation Hospital

Workshops Scheduled

- Monthly Zoom Workshop on Sept 11th, and monthly through the end of 2024
- TBD Coffs Harbour; another request from NeuroRehab needing confirmation

Research Update

This issue of *Polio Oz News* includes a second look at the [Identity Survey](#) we ran earlier this year, this time taking a look at the data through a hospitalisation lens.

Our manuscript on the hospitalisation of those with a post-polio diagnosis in Australia over a decade is currently accepted by a journal and is awaiting reviewer assignment.

The Delphi study on developing expert consensus about post-polio exercise recommendations is creeping along, but should

Refunding Grant Applications and Requests

By Michael Jackson

Polio Australia Clinical Health Educator

In the last 12 months we have obtained one successful funding application through the Health Worker Education Program (HWEP). We extend our thanks to GSK Australia for supporting the printing and distribution of hardcopy [post-polio resources to regional GP clinics](#), a project that will be completed by the end of September 2024.

We have approached numerous funding sources, taking two angles of approach to best fit the source – either a request for HWEP funding (1 to 3 years), or specific projects funding that the HWEP or Polio Australia can deliver.

We have been unsuccessful in 10 applications due to a combination of factors: applications declined, requests dismissed, cases of bad

gather some momentum before the end of this year.

Events

August has been a busy month with three events taking place in the space of a fortnight:

- On the 16th, I attended the Sister Kenny Museum Polio Timeline opening event at Nobby Qld, which was attended by a significant crowd in number and quality. The timeline was supported by several Rotary Clubs, notably Rotary Jindalee, and was opened by The Governor of Queensland.
- On the 20th, I spoke at the Gold Coast Seniors Roundtable (GCSRT) which is a group of several hundred community leaders from various sectors. I brought attention to post-polio as a health and community condition of concern and focussed on how they could help those with post-polio in their work over the course of a 45-minute presentation. Several members spoke to me afterwards about their connections to polio, and had their questions answered.
- On the 21st, via Zoom, I updated the La Trobe Uni orthotists students on post-polio developments since last year, and formed a panel with Post Polio Victoria members Shirley and Jeff to answer students' questions.

In the middle weekend of this month I will be presenting at the Pedorthic Association of Australia Conference, via Zoom, for the second time since 2021. It's nice to be invited back to speak, especially when the conference theme is something that appeals to my inner physio-nerd: the gait cycle. 🎯

timing, being deemed not a fit by the source, having not been invited this year, or communication lost with key contacts. This result is frustrating, because we usually spend days getting an application organised, checked and submitted, these efforts rarely receive feedback, it causes ongoing uncertainty in staffing, and results in no progress in future-proofing our organisation.

Unsuccessful Applications

- Philanthropic opportunities
- Perpetual IPAP
- Ian Potter Foundation
- Flack Trust
- McKusker Foundation
- Gandel Foundation
- Private companies
- International Industry Investors
- Sanofi Pharmaceuticals

Community Program Update



By Devalina Bhattacharjee
Community Development Worker

A lot has gone on in the Community Programs department since we last touched base.

We have successfully completed sessions throughout the Sunshine State, namely, in Townsville, Rockhampton, Bundaberg, Ipswich, and Acacia Ridge. The sessions were successful in raising awareness about Late Effects of Polio among people affected who had hitherto not been aware and helped in increasing numbers for our Australian Polio Registry. The Acacia Ridge session provided an opportunity for those members who used to interact in-person pre-COVID, but had been unable to get in touch with each other since then, and as such was a lovely occasion for everyone to reconnect.

We have also successfully conducted a community information session in Coburg. The session was successful in attracting new

members to join our existing community and spread awareness about Late Effects of Polio, bringing survivors into the fold who had thus far been unaware of us and our efforts. It's very rewarding when attendees can interact with those who have been in the know and feel as if they finally have an explanation as to what they have been experiencing and feel empowered to be able to verbalise their issues which had hitherto been inexplicable, in addition to learning from the experiences of others.

We have also been conducting our NDIS and My Aged Care chats, every 3 months, which finds attendees bringing their respective NDIS and My Aged Care chat questions and queries, so that they can benefit from others' experience who happen to be on the same boat. Please consider joining us for these sessions, by registering on: https://bit.ly/NDIS_Chat and https://bit.ly/MyAgedCare_Chat

In the next month, we are visiting different parts of Victoria, such as Warragul and Bairnsdale. More details to be found here, <https://www.polioaustralia.org.au/community-information-sessions/>

Until then, take good care of yourselves! 🌟

NDIS Reforms Pass Parliament

Source: www.freedom2live.com.au

The Federal government's NDIS reforms have passed Parliament, after the states agreed to several co-governance changes to the scheme.

The changes include:

- an agreement to introduce faster timeframes for approving NDIS rules
- a new dispute resolution approach to escalate issues to First Ministers
- and a move from unanimous to majority First Ministers' support for any rules with significant impacts for people with disability and governments.

The reform bill then passed Federal Parliament on Thursday. NDIS Minister Bill Shorten and the states said the agreed changes would limit the scheme's growth to eight per cent.

Concerns remain

But the disability community remains concerned about the impact of the changes on their NDIS supports.

People with Disability Australia (PWDA) president Marayke Jonkers said the new changes will severely restrict access to the NDIS and supports people with disability rely on.

"We are deeply disappointed with the outcome. These reforms will make it harder for people with disability to participate in our schools, workplaces, and communities," she said.

She pointed to elements of the legislation that enable the introduction of strict transitional support lists that do not fully recognise the different and cost-effective ways people with disability access support, and said a lack of clarity on what the future now looks like for people with disability is "deeply concerning".

PWDA is also concerned about the exclusion of people with disability and their representative organisations from the legislative process, and the increased powers given to the National Disability Insurance Agency (NDIA) in relation to debt recovery and penalties for participants.

The government has promised to consult the disability community after the bill passes on things like needs assessments and what supports participants can use their plan for.

Prior to the bill's passing, peak bodies including Physical Disability Australia had called on the Senate to vote against the bill due to "grave concerns about the constitutional and human rights implications". 🌟

Polio Awareness Month—October 2024

POLIO AWARENESS MONTH 2024

We're Still Here



By Paulette Jackson
Administration Officer

As October approaches, we're gearing up for Polio Awareness Month 2024. This year, our theme, "We're Still Here," continues to shine a light on the tens of thousands of polio survivors living across Australia.

One of the key ways Polio Australia raises awareness is by lighting up the nation orange during the second week of October. As of 26th August, 65 landmarks nationwide plus 13 light rail stations in Canberra have confirmed their participation. We are happy to see locations in every state and territory showing their support by illuminating orange. We're updating our list as more landmarks join in—check out which ones are participating near you: www.polioaustralia.org.au/light-up-your-city-orange-2024. Get out there and take photos of your local landmarks illuminated orange and send them to us via office@polioaustralia.org.au! We would love to see them. If your local landmarks aren't yet participating, reach out to them and request their participation from 7th to 14th October. We've provided a sample request template [[HERE](#)]. Be sure to inform us of any successes so we can include them on our list!

Besides illuminating landmarks, we're encouraging everyone to wear orange on 7th October and during our monthly Zoom chat for polio survivors. Capture the moment by taking a photo with friends and family wearing orange, and share it on our social media pages or email us—we'd love to see your support!

If you're a polio survivor interested in sharing your story, either in writing or through a media interview, please get in touch with us at office@polioaustralia.org.au.

For more information about Polio Awareness Month and other events happening throughout October, visit our website at: www.polioaustralia.org.au/polio-awareness-month-2024. 🇦🇺

END OF FINANCIAL YEAR SNAPSHOT

23

EDUCATIONAL
WORKSHOPS FOR
PROFESSIONALS

317

HEALTH
PROFESSIONALS
EDUCATED

700

POLIO
SURVIVOR
ENCOUNTERS

33

COMMUNITY
INFORMATION
SESSIONS

19

ZOOM SESSIONS
FOR THOSE
AFFECTED BY POLIO

59

NEW POLIO
SURVIVORS
CONNECTIONS

The Team at Polio Australia would like to express our heartfelt appreciation to all those who donated to our End Of Financial Year campaign. Your dedication to our cause is making a profound difference in the lives of many. Your contribution not only sustains our existing activity, but also enables us to plan for new opportunities to enhance the well-being of those affected by polio. 🇦🇺

May-July Donations

General—\$37,776.45
Rotary—\$6,268.35

Refunding Grant Applications *(Cont'd from p4)*

Other

- Australian Government Health Minister
- Rotary International President
- Queensland Government Gambling Community Benefit

Awaiting Outcomes

- Balnaves Foundation
- Opportunities/invitation only via Patron
- Pratt Philanthropies
- Kinghorn Foundation
- Miller Foundation
- Ernest Heine Family Foundation

While we understand that numerous organisations and governments have tightened their belts after the pandemic, we are also adamant that the funding support we seek is not budget-busting: each of our programs can be sustained on a budget of \$180,000 to \$200,000 per year, and to deliver on major projects is about \$100,000 per project. For a million dollars over three years we could sustain both our education programs for three years AND deliver 4 major projects that strongly serve our mission.

Those projects are:

1. Run a multi-platform and mixed media advocacy campaign across Australia to improve post-polio awareness, engagement and understanding across society;

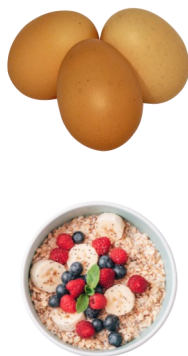
2. Redesign and republish our websites to increase functionality and ease of access;
3. Develop 6 or more eLearning modules* for specific health disciplines so clinicians can learn the post-polio essentials that they need for their specific work;
4. Employ a staff member part time for 1-2 years increase our office capacity to engage governments and media and members, and release important statements and positions responding to activity occurring in our sector.

Without funding support an organisation cannot deliver on its mission, and is limited in the work it can get done. We approach many funding sources, and seek donations and bequests. We have identified an income stream (* one of our projects) but to make that money we need funds for that project. We know that post-polio organisations worldwide receive \$0 from the billions of dollars directed at worldwide polio eradication. We also understand that in the NFP game we compete for funding opportunities with many other well-deserving organisations.

With Polio Awareness Month starting in October, we encourage you to consider who you know who might be able to help protect the future of our programs and projects. 🌟

Ageing And Gut Changes *(Cont'd from p1)*

- Eggs
- Avocadoes
- Slow cooked casseroles
- Soups
- Frozen vegetables and fruits
- Mashed vegetables
- Quality pre-prepared meals
- Smoothies/juices
- Protein powders
- Sandwiches
- Oats for breakfast



If you find yourself experiencing any of these changes, please chat to your GP, dentist, nutritionist or dietitian.

Eat well, stay well. 🌟

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2024 Survey

By Michael Jackson

Polio Australia Clinical Health Educator



Terminology in Post-Polio Advocacy and Research Part II

This article continues the report on findings from the survey Polio Australia ran in April 2024 exploring identity terminology in the post-polio population. The first article focused on demographics and the primary question of identity terminology. In this article, we look at how a history of hospitalisation (or not) when contracting polio might intersect with various situations thereafter.

Again, many thanks to our volunteer statistician Edwin Li for his data handling expertise and analysis work, which has led to the creation of tables related to this article. Those tables can be viewed here: <https://bit.ly/PPS-identity2>

In this second article, we look at hospitalisation and:

1. How polio was talked about in childhood;
2. What degree of impairment visibility was experienced as a working adult;
3. How the polio topic in social settings is responded to;
4. How long post-polio symptoms have been experienced (particularly in the context of the NDIS rollout less than 10 years ago);
5. To what extent it leads to a formal diagnosis of Post-Polio Syndrome (PPS); and
6. How it affects preferences for identity terminology use by others.

Hospitalisation

It is likely, but not certain, that most hospitalisations during polio epidemics were necessary for cases of paralysis or severe viral symptoms. Conversely, it is likely, but not certain, that those not hospitalised experienced non-severe polio infection – they were not experiencing severe paralysis, high viral load, or ventilation difficulty. Numerous local factors during epidemics are known to have influenced actual hospitalisations, such as the presence of a hospital, the availability of beds, a family's

socioeconomic capacity, and the preferences of the family experiencing the polio case.

In this context, our survey asked about hospitalisation in question 10. We did not ask about severity, but whether and for how long one was hospitalised with a polio infection. Any hospitalisation was assumed to be based on severe symptoms being clinically detected. For the tables referenced at the link above, you will see there is a binary split applied to question 10 (hospitalised vs not hospitalised), because hospitalisation implies a distinct threshold in care – specialist care and/or equipment is necessary.

For the first five items listed that intersect with hospitalisation, we have applied a similar binary approach to the responses. While we are interested in the nuances provided by the survey answers' options, most of the questions could be reduced to a yes or no, did or did not, recent or distant, diagnosed or not.

There were no statistically significant differences found when looking at hospitalised or not, versus how polio was talked about in childhood, the extent of visible disability during working life, or how adult polio discussions are participated in. In other words, in these situations, those affected by polio who responded to the survey are similar regardless of whether they were hospitalised or not. Nuances from these statistically insignificant intersects include:

- 18.7% had no recall of family discussions on the topic of polio; this may be due to the young ages of polio contraction, or to the topic not being challenged.
- 3.1% were unaware of any polio impairments during their working life; their infection may have been non-severe, their recovery good, and no emergence of post-polio symptoms occurred during their working life.

There was an almost significant difference ($p=0.07$) in those hospitalised or not when it came to having a diagnosis of Post-Polio Syndrome (PPS). Those hospitalised appeared more likely to obtain a PPS diagnosis. Notably, a fifth (21.9%) of respondents have neither a late effects of polio (LEoP) diagnosis nor a PPS diagnosis from any doctor.

For two intersects, there were statistically significant differences: hospitalisation versus the length of time experiencing post-polio symptoms ($p=0.006$), and visibility of working life impairments versus having a diagnosis of PPS ($p=0.004$). Being hospitalised due to severe polio virus infection is known to be a risk factor for developing PPS, and having persistent impairments after acute polio that extend into adult life is more likely to lead towards PPS (and hence a diagnosis of such).

2024 Survey *(Cont'd from p8)*

Nuances from these statistically significant intersects include:

- About 4% of those hospitalised, and 8% of those not hospitalised, report experiencing no post-polio symptoms or changes; this number is far below the often-cited statistic that 20-64% of those who had polio will develop PPS symptoms (i.e. inversely, 36-80% won't have symptoms), but this may reflect this survey's identified limitations.
- 72% of those with invisible impairments have no PPS diagnosis and are twice as likely to have neither a LEOp nor PPS diagnosis, but a majority of those with visible impairments also did not have a PPS diagnosis; this reinforces the known diagnostic limitations in fitting post-polio diagnoses to those who contracted polio and who are now experiencing symptoms.

The final table again looks at those hospitalised or not, versus the terms others might use to describe them. Those hospitalised have a strong preference for 'contracted polio' (80.1%) and 'polio survivor' (80.5%), while those not hospitalised have a very strong preference for 'contracted polio' (88.7%), followed by three other terms with a preference range from 61-64%.

The intersection in this final table is more distinct than the intersection reported in the first article about this survey (which examined personal identity terms versus terms others would use). In social and clinical practice, the range of terminology to address someone with a polio experience could be narrowed based on whether they were hospitalised or not. The most prudent approach is to start by using the term 'a person who contracted polio'.

Conclusions

Acute polio hospitalisation as a variable was a logical next point to examine the responses to this survey. It is both a reasonably distinct point of recall and an indicator of acute polio severity.

While three question intersects with hospitalisation were not significant, one intersect was almost significant, and two were significant. In addition, when viewed through a hospitalisation lens, the terms others should prioritise when addressing those who had polio developed more clarity.

What may prove useful from this article is the following:

- How those who contracted polio recall discussions of and act in relation to the topic of polio, and how visible their impairments were during their working life, is unlikely to be much different when it comes to polio severity and hospitalisation history. Individuals may have strong preferences, which should not be discredited, and other intersections may reveal more distinct differences.
- Almost two-thirds of those hospitalised in this survey reported a post-polio symptoms duration of over 11 years. While this finding may be influenced by the average age of the respondents, it does reinforce that they have had a long post-polio symptom experience – these symptoms are not merely ageing! Clinicians need to consider and document that continuity over decades of points of care requires relationship-building and condition-specific knowledge to be successful.
- This survey found that a formal diagnosis of PPS has been obtained by 36.6% of Australians with post-polio symptoms, while non-Australians reported a PPS diagnosis being obtained in 54.7% of cases. Our concerns about under-diagnosis of PPS in Australia remain valid.
- This survey found 1 in 5 of those reporting post-polio symptoms do not have a diagnosis of LEOp or of PPS. The stratification of, and diagnostic pathways for, those experiencing post-polio needs review and improvement. Consider the following: What other chronic and progressive neuromuscular condition has 22% of its population reporting being symptomatic for a condition for which only they are 'eligible', and yet are not formally diagnosed?

This article highlighted the role of acute polio hospitalisation as a distinct factor in understanding how post-polio individuals perceive and experience their condition. Other factors are yet to be examined from the survey data, and hence there may be a third article regarding this survey in the next edition of this newsletter. 🌟



2024 Australian Screenings

Join us at one of our 2024 Focus On Ability [Screening Events](#), where we celebrate the remarkable talents and stories of individuals with disability. Come and experience the power of perseverance, creativity, and resilience. Your presence will make these events truly unforgettable!

To find out more and reserve your free spot ~[SCREENINGS](#)~

Could You Be Living With Post-Viral Conditions?

By Georgie Waters

Source: www.agedcareguide.com
— 29 July 2024

An unknown number of Australians live with post-viral conditions

Key points:

- 'Long-COVID' is an umbrella term for ongoing symptoms in the medium-term — from four to 12 weeks — and longer-term sequelae beyond 12 weeks, known as post-COVID syndrome
- According to the [Australian Institute of Health and Welfare](#), global reports on the number of people to experience long-COVID, following infection, vary from nine to 81 percent
- Although there is currently no definitive data on the prevalence of those experiencing post-polio, it is estimated that tens of thousands of individuals are either affected or at risk of developing the condition

Up to 81 percent of people may have [experienced long-COVID](#) after being infected with COVID-19 during the global pandemic. Some people experience prolonged symptoms associated with COVID-19, which can negatively affect daily life and health outcomes. However, the number of people affected could be as low as nine percent of people as there is variance in the global data range.

These results indicate that it's not clear how many people have been affected by long-COVID. Long-term effects of the COVID pandemic are still being uncovered as the first COVID-19 case was reported in Australia less than five years ago. Health professionals are still learning about long-COVID and are searching for the best course of treatment.

Symptoms may include:

- difficulty sleeping;
- memory and concentration issues;
- muscle and joint pain;
- shortness of breath; and
- chest pain.

While most people recover from COVID-19 within a couple of weeks from initial infection, long-COVID and post-COVID symptoms can last for many weeks and months. Long-COVID has also been associated with [newly diagnosed conditions](#) such as kidney disease, neurological conditions and heart disease. You have likely heard about or perhaps experienced long-COVID, but there are other such conditions for which awareness remains very low.

Acute polio was circulating in [epidemic patterns](#) across Australia, seventy years before the



Photo: Post-viral symptoms are similar to symptoms observed in other conditions. Medical professionals are expected to investigate and rule out those other conditions first. [Source: Shutterstock]

COVID-19 pandemic. It was a time of fear and uncertainty until a [vaccine was developed](#) and made available in Australia in the late 1950s.

For those who were symptomatic with polio — viral symptoms or worse — the challenges of the acute illness were not the end of their polio experience. Post-polio conditions are a present-day challenge as many individuals experience delayed long-term effects decades after their initial polio infection. It is one post-viral condition for which awareness remains low.

Families and communities need to recognise [post-polio signs and risks](#), because some people may not know they have the condition. Understanding that post-polio conditions can emerge decades after any acute polio infection is a crucial part of ensuring that awareness and health literacy persist on post-viral conditions like long-COVID.

One of the major hurdles in addressing post-polio conditions is the presence of widespread misconceptions. Many people confuse post-polio conditions with acute polio, thinking they are much the same thing, which is like thinking chickenpox — from the varicella virus — is the same condition as shingles — another post-viral condition. However, clinical knowledge, patient experiences and health research assert that post-viral conditions are distinct conditions.

Acute polio was the initial viral infection that caused varied, lasting and often hidden damage in numerous body systems. Post-polio conditions are the long-term effects of that damage, appearing and progressing chronically years later without a cure.

There is a lot at stake for the quality of life of those with post-polio conditions, and many

... Living With Post-Viral Conditions? *(Cont'd from p10)*

future unknowns for those who had neurological symptoms with the COVID-19 infection. By breaking through this major misconception, we can improve awareness and support for those with post-viral conditions in Australia.

It is also important to know that in the case of polio, not everyone who contracted it showed signs of paralysis. If you or a loved one experienced flu-like symptoms or worse during any polio epidemic, you could be at risk for post-polio conditions.

Post-polio presents as progressive asymmetrical muscle weakness, fatigue and complex pain. Exercise intolerance and poor sleep are common, as they are with many post-viral conditions. This kind of knowledge, paired with early recognition and support, is crucial to identifying and managing these symptoms, in addition to the mobility and activity difficulties that result. Information like this will become more concise for long-COVID as we get years beyond the pandemic infection period.

Join [Polio Australia](#) in raising awareness about post-viral conditions and use what the organisation knows about post-polio as a foundation on this topic. Share and discuss this information with those in your community. Encourage healthcare providers to screen for post-viral conditions like post-polio — especially in older adults who may have been quite sick with a virus decades ago.

A [screening tool for polio](#) exposure and assessing post-polio risk can be found on the Polio Australia website.

Post-polio is a living reality for many Australians, and the future of those who had quite intense COVID-19 symptoms is unknown. It's essential to bridge the gap between history and present-day healthcare.

Together, we can improve your community's ability to reliably identify those experiencing post-polio challenges. For more information, contact Polio Australia at 03 9016 7678 or email contact@polioaustralia.org.au.

Count Us In

By [daniellek](#)

Source: www.freedom2live.com.au
— 2 July 2024

New campaign champions action for 'forgotten' Australians

A new campaign aims to raise awareness, advocate for policy reforms, and empower people affected by neurological conditions.

The Count Us In campaign, launched at last week's [Neurological Alliance Australia \(NAA\) National Summit](#), calls for action to address neurological diseases in Australia and features lived experience.

Comedian, screenwriter and advocate Tim Ferguson, who lives with multiple sclerosis, has lent his support and involvement to the Count Us In campaign video.

"There are millions of people, millions living in Australia with neurological conditions. We need more thought, more organisation and more energy put into this particular sector of people," Ferguson said.

"We have to get all of our politicians, all of our decision-makers, to start talking about neurological conditions as if they are the next wave of disability advancement."

The *Count Us In* campaign video highlights six pressing areas of need to be comprehensively

progressed by a Taskforce for Neurological Conditions.

1. Greater investment in medical research
2. A stronger NDIS
3. Equal access to assistive technology
4. Establishment of a national neurological dataset
5. An end to NDIS age discrimination
6. Improved Aged Care, Health and Disability sector integration

Neurological conditions are on the rise both here and around the world. The Australian Institute of Health and Welfare (AIHW) has [identified neurological conditions as one of the nation's top five disease burdens](#), with an estimated annual impact of more than \$100 billion on the Australian economy. Globally, a [study](#) released by The Lancet Neurology revealed that one in three people worldwide lives with a neurological condition.

But despite their prevalence as some of Australia and the world's top disease burdens, the NAA said neurological conditions remain under-recognised and underfunded. These conditions are incurable, many are progressive and degenerative, resulting in significant disability, and very few have effective disease modifying treatments available. And, alarmingly, neurological conditions are on the rise in Australia and worldwide.

The NAA's National Summit aimed to address these concerns by bringing together key decision

Count Us In *(Cont'd from p11)*



Watch the video: <https://neurologicalalliance.org.au/count-us-in/>

-makers, representatives from political parties and, most importantly, people with the lived experience of neurological conditions.

The Summit called for the establishment of a Taskforce for Neurological Conditions to urgently address the needs of Australians with these conditions.

"Without effective strategies in place to mitigate their impact, they are a ticking time bomb on our health system and economy," Chair of the Neurological Alliance Australia (NAA) and MS Australia Chief Executive, Rohan Greenland.

NAA Deputy Chair and Emerge Australia CEO, Anne Wilson said a Government Taskforce could address the unique challenges faced by people living with these conditions, set priorities and advance investment in research, facilitate timely diagnosis and enhance access to treatments, support and services to mitigate disease progression and future healthcare and disability care costs.

"Every Australian knows someone living with a neurological condition, and witnesses the lifelong impact on that person, together with their family, friends and carers. What we urgently need today is for all the major parties to acknowledge the impact of neurological conditions and work with the Neurological

Alliance Australia to give hope and certainty to Australia's neurological community," Wilson said.

Greenland acknowledged the progress made in recent months with the establishment of an NDIA (National Disability Insurance Agency) Neurodegenerative Disorders and Palliative Care Working Group, which has significant representation from the NAA.

"This announcement is an important first step, with the promise our community will receive a better understanding of their conditions from within the NDIA but much urgent work remains to be done," Greenland said.

Wilson echoed that sentiment while also highlighting the need for a national neurological data set to better provide support for people with neurological conditions together with dedicated neurological research funding.

"We know there are world-leading researchers working hard to discover better treatments and, ultimately, cures for the range of neurological conditions. But progress cannot be made without significant investment, which is why we are calling for a Neurological Mission within the Australian Government's Medical Research Future Fund," Wilson said. 🌟

Discussion Paper On The National Carer Strategy

Source: www.freedom2live.com.au

Consultation on a discussion paper about the new National Carer Strategy has now opened.

The discussion paper is a key part of ensuring the Strategy is responsive to the needs of carers, and provides the foundations for an Australian community where all carers are recognised, valued and empowered.

"We want to hear from unpaid carers, former carers and the support sector about their experiences and how we can better support them both in their caring role and other aspects of their lives," Social Services Minister Amanda Rishworth said.

A series of face-to-face consultations will also be held around the country in order to gain a diverse range of experiences. The government will also consult with the National Carer Advisory Committee, which was established earlier this year.

"We need to ensure supports for carers are appropriately designed and prioritised, enabling

them to better balance their caring role with all aspects of their lives, such as work, study and social participation," Rishworth said.

The Strategy will allow Federal government policy to be coordinated across aged care, disability, veterans' affairs, and mental health and will provide the vision, principles, governance and some immediate actions, with a roadmap to delivering and implementing further action plans over the life of the Strategy.

The government has committed to delivering a National Carer Strategy by the end of the year.

Carers who wish to contribute but may not have the time to submit a formal submission can do so by answering a series of short questions online on issues that are most relevant and important to them.

More information is available on the DSS [engage](#) website, and **consultation closes on 13 September 2024.**



National Disability Summit – Melbourne

Source: www.freedom2live.com.au

This key event on the calendar will address a wide range of issues and considerations for the disability sector in Australia.

The summit brings together an audience of disability services providers, policy makers, community care organisations, support coordinators, people with disability, carers, intermediaries, state and federal government agencies, council organisations, NDIS representatives, aged care facilities, and aged care providers.

The agenda will seek to understand the sector,

post Royal Commission and the NDIS Review. Delving into pertinent topics around disability workforce, sustainable disability employment, housing, health, and sports, the role of government bodies and building inclusive communities.

Among the speakers are NDIS Shadow Minister Michael Sukkar, Disability Discrimination Commissioner Rosemary Kayess, human rights activist Graeme Innes and Life Without Barriers director, Cat Lancaster.

It will be held at Crown Promenade Melbourne on September 19-20.

HOBART 6 MARCH 2025
Princes Wharf No. 1

PERTH 14-15 MAY 2025
Claremont Showground

MELBOURNE 20-21 MAY 2025
Melbourne Showgrounds



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expo

Woman Barred From Boarding P&O Cruise

By **Jonathan Blackburn** and **Megan Banner**,
News Reporters

Source: www.liverpoolecho.co.uk
— 11 August 2024

A woman was barred from boarding a P&O cruise on her first holiday in 30 years. Gloria Bell has been a wheelchair user since contracting polio as a child.

Gloria had booked a 14-night cruise around France and Spain at TUI's Hanley branch in October. But the 72-year-old, who was travelling with her friend Ann Beech, was barred from boarding, after TUI failed to inform P&O Cruises of her disability. She was told she wasn't able to board P&O's Arvia ship due to the lack of an evacuation chair, that hadn't been reserved for the journey.

The 72-year-old and her life-long friend, Ann, told Stoke-on-Trent Live, they were informed there was no coach back to Stoke-on-Trent until 9am the next day. Adding that they waited two hours for their luggage to be removed from the ship before shelling out £383 for a taxi ride back to Brown Edge in Staffordshire.

TUI has apologised and said *"human error meant that the correct accessibility details were not sent onto the ship"*, meaning Gloria was unable to board *"due to safety restrictions."* The travel giant is set to issue a refund to Gloria.

Gloria, from Brown Edge, expressed her disappointment, saying: *"I was devastated. I think if I had opened my mouth at that point I would have thrown up. I can't believe that P&O does not have a spare evacuation chair."*

"I haven't been away in 30 years and I have been treated like utter rubbish." Ann added: *"It was Gloria's 72nd birthday present and she hadn't had a holiday in 30 years so she had been really excited, plus she is post-polio. We've been absolutely drained. We couldn't even speak on the way back. We were in shock."*

A spokesperson for TUI said: *"We were very sorry to hear that Ms Ball was unable to go on her holiday as planned. Unfortunately, human error meant that the correct accessibility details were not sent onto the ship and she was*



Photo: Gloria Ball and her carer Ann Beech from Brown Edge were due to go on a 7 day cruise (Image: Pete Stonier / Stoke Sentinel)

therefore not able to board due to safety restrictions. Once again, we would like to offer our sincerest apologies in these unfortunate circumstances."

A P&O cruises spokesperson also apologised, saying: *"We are so sorry that Ms Ball was unable to travel with us. Unfortunately, this was due to us not having the required mobility details in advance as requested via her travel agent as per our booking terms and conditions."*

They added: *"Whilst cancelling her holiday with us was certainly not the outcome Ms Ball or we would have wanted we need to adhere to the regulations for assistance in the unlikely case of an emergency which protects the safety and wellbeing of everyone on board, guests and crew alike."*

"Although this type of situation is very unlikely, it is regulated by this policy. This mandatory requirement does not permit us to have a more flexible approach, as much as we are pleased to welcome guests of all abilities and mobility on board as we must sail safely and in accordance with the required maritime regulations." 🇬🇧

Watch the video

Immunization

**DRC POLIO SURVIVOR
SPREADS THE WORD:
VACCINES WORK**

June 25, 2024 | Sarah Ferguson and Tong Su



Rajabu Vampise was a happy, healthy 2-year-old when he contracted polio. Now 27, he works as a UNICEF-supported community mobilizer in Maniema province, Democratic Republic of the Congo, raising awareness about the power of vaccines. He uses a hand-powered bike to get around in his community, encouraging mothers and fathers to vaccinate their children. 🇬🇧

Vale Bob Aitken—A Legend Lost

By Noel Rowsell

Source: nepeannews.com.au — 26 April 2024

FOLLOWING the sudden death of Nepean News 'Legend of the Nepean' Bob Aitken AM JP, we would like to run this excerpt of our article, which ran on May 26, 2022, in his memory.

In addition to running Bob Aitken Media, his own media company, Bob had been the Chairman of Rotary District 9685 Polio Committee, the Rotary International (RI) 'END POLIO NOW' Coordinator for Zone 8 and Chairman of the RI Zone 8 History and Archives Committee and, as such, he had charge of planning, researching and writing the 'Centenary of Rotary in Australia: 1927-2021.

Among an extraordinarily long list of achievements and awards, Bob was a multiple Paul Harris Fellow, a recipient of Rotary International's 'Service Above Self' award and the Australian Rotary Health Medal, a member of the Rotary Club of the Lower Blue Mountains, Past District Governor (PDG) District 9690 / 9685, Project Manager NSW Graffiti Removal Day and Chairman of Graffiti Removal Australia.

A lifetime of work in media (journalism and media management), including 27 years as Managing Editor of 'Rotary Down Under, ensured Bob was the perfect candidate as Executive Director of Rotary Down Under Inc, which specialised in public relations and corporate development.

Bob was a world traveller for Rotary and it was no surprise his love and passion for the organisation would ensure his ongoing involvement after retirement.

Born in Parkes in 1945, Bob lived with his family on a wheat and sheep farm (Wattlegrove), 10 miles west of Parkes.

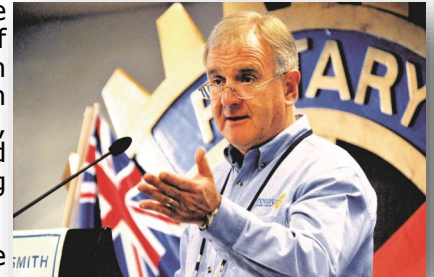
His education commenced at a one-teacher school in the village of Nelungaloo and apart from the school, the town comprised a Post Office, wheat silo, stock yards and a couple of homes.

The family moved into Parkes and Bob continued his education at Parkes PS and Parkes HS, excelling in sport rather than academics and, in doing so, setting his life on an amazing journey through sports.

In 1963, Bob accepted a cadet-ship in journalism with the Parkes Champion Post. He became editor in 1969 and Managing Editor in 1972, serving in the latter role until taking on the role of Managing Editor of Rotary Down Under magazine in 1984.

The Aitken family moved to Lapstone when Bob

accepted the role as Editor of Rotary Down Under, which included Australia, New Zealand and the surrounding Pacific Islands.



The magazine flourished under Bob's guidance, moving from Black & White to a colour edition, then to an online digital production. Bob also organised a fund-raising appeal, which not only purchased Rotary Down Under House in Parramatta but also secured the financial future of the magazine.

Bob completed two terms as Chairman of the Rotary World Magazine Press Advisory Group and was an adviser to the RI Communications Committee in 2016. He had also previously served as Chairman of the RI Communications Committee (2 terms) and General Coordinator of the RI Public Image Resource Group (4 terms), along with many other RI special committee groups.

Sport was an essential component in Bob's life and he not only played many different sports but also served on committees and organisations, keen to advance both the respective sport and the athletes who competed in them.

He served as President of the Parkes Junior and Senior Hockey Associations, President of Parkes Basketball Association, President of Magpies Hockey Club, Secretary of the Parkes Cricket Association, Secretary of the Central West Cricket Council, played as a first grade representative for Parkes Cricket Association for 25 years, and organised and led three international cricket tours to New Zealand, Fiji and Great Britain.

Bob was the NSW Hockey Association Coach of the Year on two occasions and coached NSW junior men's and women's teams for six years, winning two national titles.

Bob was the Media Manager for Hockey at the 2000 Sydney Olympic Games and, in 2007, was named a Member (AM) in the General Division of the Order of Australia Queen's Birthday Honours List – for services to sport and the community through Rotary.

The Federation of International Hockey selected Bob for two special coaching assignments to grow the game in Fiji, in 1989 and 1990.

Bob and wife Ann were married in 1967 and had two children, David and Corrina, and three grandchildren. 🌟

PS: Bob Aitken was also a good friend to Polio Australia—Ed

Neurobiological Modulation With REAC Technology

Authors: Jeyce Adrielly André Nogueira, Acary Souza Bulle Oliveira, Monalisa Pereira Motta, Alcione Aparecida Vieira de Souza Moscardi, Vanessa Manchim Favaro, Claudete Munhoz Teixeira, Amanda Orasmo Simcsik, Maria Clara Patrizi, Maria Salete Conde, Arianna Rinaldi, Vania Fontani & Salvatore Rinaldi

Source: www.nature.com — 26 July 2024

Abstract

Post-polio syndrome (PPS) brings new challenges for polio survivors, including muscle decline, pain, depression, and diminished quality of life. This study explored the potential of REAC neuromodulatory treatments to ease pain, improve mood, and enhance quality of life in PPS patients. 17 individuals with PPS (average age 54.8) received three REAC treatments: Neuro Postural Optimization, Neuro Psycho Physical Optimization, and Neuro Psycho Physical Optimization-Cervico Brachial. Pain, depression, anxiety, stress, and quality of life were assessed before and after using established scales. REAC treatments significantly reduced pain across various dimensions, along with depression, anxiety, and stress levels. Additionally, patients reported improved physical and psychological quality of life. This study suggests REAC neuromodulatory treatments as a promising non-invasive option to improve pain, emotional well-being, and quality of life in individuals with PPS.

Introduction

Post Polio Syndrome¹ (PPS) is a complex and debilitating condition that affects a significant number of individuals who have previously recovered from acute poliomyelitis. Characterized by a progressive decline in muscle function and new-onset symptoms after years of stability, PPS poses considerable challenges to the affected individuals, impacting their overall quality of life². Among the numerous factors contributing to the burden of PPS, psychological [SHIRI 2015] and emotional well-being³ have emerged as crucial aspects that warrant comprehensive examination.

Individuals with physical conditions often experience heightened levels of emotional distress and psychiatric symptoms, which can exacerbate physical symptoms and complicate disease management⁴. Individuals with Post-polio Syndrome have reported higher levels of emotional distress compared to the general population⁵.

The intricate interplay between these psychological factors and their consequences on the overall health and well-being of PPS patients calls for a thorough exploration to improve clinical interventions and enhance patients' quality of life^{4,5}.

Pain, a predominant feature of PPS⁶, not only impacts the physical discomfort experienced by individuals but also intertwines with psychological states. The relationship between pain and emotional well-being is complex, with chronic pain often leading to depression, anxiety, and stress, while these psychological states, in turn, can amplify the perception of pain. Understanding the correlations between pain and mental health in the context of PPS is crucial in developing multidimensional approaches that address both physical and psychological aspects of this condition⁷.

The quality of life is determined by multiple factors, including physical and mental aspects, as well as other factors such as hope and employment⁸. Patients with PPS face various challenges that affect their well-being, in addition to physical limitations. Elucidating the multifaceted impact of depression, anxiety, stress, and pain on the quality of life in PPS is essential for the development of comprehensive care strategies that holistically address the diverse needs of these patients⁹.

This manuscript aims to present a potential therapeutic strategy based on some neurobiological modulation treatments using Radio Electric Asymmetric Conveyer (REAC) technology. The utilized treatments are referred to as Neuro Postural Optimization (NPO)^{10,11}, Neuro Psycho Physical Optimization (NPPO)¹², and Neuro Psycho Physical Optimization—Cervico Brachial (NPPO-CB)¹³, Neuro Muscular Optimization (NMO) with the goal of ameliorating mood and behavioral disorders, as well as psychogenic pain¹⁴. Their utility in this patient population was evaluated through three specific tests assessing Pain, Depression, Anxiety, Stress, and Quality of Life.

Results

The sample consisted of 17 participants aged between 48 and 63 years. The observed mean age was 54.88 years (± 4.47 years), with a median of 55 years. Of the total sample, 12 participants (70.6%) reported identifying as female, while 5 participants (29.4%) indicated identifying as male. The PPS diagnosis was based on Halstead criteria, validated by a college of international experts¹⁵. Other potential medical or surgical causes that could be responsible for the non-specific new symptoms, before validating the PPS diagnosis, were excluded after careful clinical and laboratory evaluation. The patients were undergoing regular outpatient follow-up, with symptomatic therapeutic guidance. Clinical manifestations had been stable over the last 4 months. During the intervention phase, the only therapeutic modification was the introduction of REAC. ●

PharmaJet Needle-Free System

Source: [businesswire.com](https://www.businesswire.com) — 27 June 2024

PharmaJet Needle-free System Selected for WHO Polio Immunization Campaign in Somalia

PharmaJet®, a company that strives to improve the performance and outcomes of injectables with its innovative delivery systems, today announced that their Tropis® Intradermal (ID) Needle-free System will be used in a house-to-house polio immunization campaign. With an aim of significantly reducing the immunity gap against type-2 poliovirus, the campaign will be conducted in two rounds. In each round, children 4-59 months of age will receive the needle-free polio vaccine and novel oral polio vaccine with a goal of achieving 95% coverage. The campaign, a collaboration of the African Field Epidemiology Network (AFENET), WHO, UNICEF, BMGF, GAVI and CDC, is targeting over 170,000 children in 4 districts in Banadir, Somalia.

The ongoing variant poliovirus outbreak, the longest running of its kind, has paralyzed 38 children in Somalia. The most recent evidence for human circulating vaccine-derived polio virus -2 (cVDPV2) was on 8th March 2024. In April, Somalia's Minister of Health and Human Services, His Excellency Dr Ali Haji Adam, and high-level representatives of the Global Polio Eradication Initiative (GPEI) met to review progress and further scale up efforts to end the country's 7-year variant poliovirus outbreak. Through the Somalia Emergency Action Plan (SEAP 3), the country will continue to work with humanitarian partners to reach about 1.5 million zero-dose children, most of whom live in the country's highly populated central and southern areas. ¹

The house-to-house, needle-free campaign in Somalia builds on the positive results of a WHO-led pilot in Nigeria which demonstrated that administering an injectable vaccine with Tropis facilitates high coverage rates. ² Specifically, the field evaluation found a majority of parents (94%) and health staff members (93%) preferred needle-free injections over needle and syringe administration. 87% of target group children received their immunization during this campaign. ²

PharmaJet's Tropis System was previously deployed for polio vaccinations in the Berbera Region of Somaliland where researchers found needle-free administration of fIPV "had the potential to reach many more children as it could be implemented faster than other immunization methods." High immunization coverage was achieved due to preference for the use of intradermal needle-free delivery in addition to other factors and the willingness of parents to bring their children due to less invasive administration using needle-free.

Previously, vaccine teams using needle-free for polio vaccine administration in Pakistan achieved 18.4% improvement in mean coverage while 97.6% of vaccinators and 99.6% of caretakers expressed a preference for needle-free over traditional needle and syringe. ³

"The PharmaJet team is very pleased to collaborate with AFENET, WHO, UNICEF, BMGF, GAVI and CDC on this important campaign. Having delivered over 10 million polio immunizations using needle-free in Nigeria, Pakistan, and Somalia, we are very committed to the Global Polio Eradication Initiative," said Paul LaBarre, Vice President, Global Business Development, PharmaJet. *"In Somalia, we are eager to build on previous house-to-house campaign experience that demonstrates how needle-free enables vaccination teams to move quickly and achieve high coverage without the burden of sharps waste management and with reduced vaccine volume and cold chain logistics."*

For more information about PharmaJet visit <https://pharmajet.com>.

¹ Somalia's health minister and partners plan to intensify efforts to end 7-year variant poliovirus outbreak, UNICEF, April 16, 2024

² Biya, Oladayo, et al., *Notes from the Field: House-to-House Campaign Administration of Inactivated Poliovirus Vaccine – Sokoto State, Nigeria*, November 2022; *Weekly* November 24, 2023/72 (47): 1290-1291

³ Daly, C et al, *Needle-free injectors for mass administration of fractional dose inactivated poliovirus vaccine (fIPV) in Karachi, Pakistan: A survey of caregiver and vaccinator acceptability*, *Vaccine*, Volume 38 Issue 8, 18 February, 2020, Pages 1893-1898.

About the Global Polio Eradication Initiative

The Global Polio Eradication Initiative is a public-private partnership led by national governments with six partners – the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF), Bill & Melinda Gates Foundation and Gavi, the vaccine alliance. Its goal is to eradicate polio worldwide. The Polio Eradication Strategy 2022–2026 brings integration into focus through two transformations of approach. The first is a recognition that for polio eradication to succeed, chronically low immunization coverage and demand-based refusals of polio vaccines in key geographies and populations must be addressed, for which integration provides targeted solutions. The second is a reevaluation of integration as a step towards the long-term, sustainable transition of polio functions to other health programs and national health systems as the world nears polio eradication. 🌐

Why Is Polio Still A Concern, Also In Europe?

Source: www.thelancet.com—August 2024

Today, the prevailing belief among most healthcare professionals is that polio is a disease from the past. Whereas vaccines developed by Salk in 1955 (inactivated polio vaccine, IPV) and Sabin in 1959 (oral polio vaccine, OPV) both provide strong protection against polio disease, IPV does not provide mucosal immunity and thus shedding of poliovirus from infected individuals vaccinated with IPV is still possible. Albeit OPV provides strong mucosal immunity, it carries a risk of the virus reverting to neurovirulence, prolonged virus circulation and potential genetic reversion in areas with low polio vaccination coverage.

Since the introduction of vaccines, polio has indeed become rare, and its incidence has reduced by more than 99%. However, poliovirus is still circulating, and both wild-type as well as vaccine-derived polio cases occur every year. Also, other neurotrophic non-polio enteroviruses e.g., EV-D68, EV-A71, and EV-C105 have upsurged during the past decade. The non-polio enteroviruses can cause devastating diseases including meningitis, encephalitis, and flaccid paralysis. Ironically, during the same period the laboratory capacity to detect enteroviruses has been reduced worldwide as a knock-off effect of the recent upgraded WHO biosafety level 3+ requirements for handling potential poliovirus-containing diagnostic specimens.

Despite significant progress in eradicating poliovirus, the virus remains endemic in countries like Afghanistan and Pakistan, with occasional outbreaks of vaccine-derived poliovirus (VDPV) in areas with low vaccination rates. Whereas major outbreaks of circulating VDPV type 1 (cVDPV1) and 2 (cVDPV2) recently have been confined to Sub-Saharan Africa, cases of VDPV are also seen in Europe. Thus, two unvaccinated children were paralyzed by poliovirus in Israel in 2023.

Environmental virus surveillance in London in May 2022 identified cVDPV2, indicating a persisting risk of importation of poliovirus in Europe.

Between 2015 and 2022, 41 cVDPV-positive samples from acute flaccid paralysis (AFP) cases



were reported in three countries (Israel, Ukraine, and Tajikistan).

In 2023, the European Regional Certification Commission (RCC) highlighted the increased circulation of cVDPV globally and in Europe, expressing concern about potential undetected circulation.

The RCC called for high-quality surveillance and high vaccination coverage to prevent importation, virus circulation and transmission. To improve the safety of the OPV, a novel oral poliovirus vaccine for type 2 (nOPV2) with increased genetic stability has been developed.

This vaccine aims to reduce the likelihood of mutations and recombination events that increase virulence while maintaining the benefits of OPV. Though the novel vaccine can revert to cVDPV2, the risk is ten times lower compared to OPV2.

In 2024, there is still a need for safer vaccines that cannot cause polio but can produce strong mucosal immunity needed to stop poliovirus transmission and enable poliovirus eradication.

Contributors

Thea K Fischer, Caroline Klint Johannesen, Natasa Berginc, Jean-Luc Bailly and Heli Harvala wrote the first manuscript draft and Kim Benschop has commented on all versions of the manuscript along with all authors. 🌟

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Polio Returns To Gaza: Where Else?

By **Areesha Lodhi**

Source: www.aljazeera.com
— 2 September 2024

Poliovirus has been found in US and UK sewage samples while cases make a comeback in Mozambique and Malawi.



Which countries have not eradicated polio?

The use of polio vaccines has nearly eradicated the disease worldwide, but two endemic countries remain — Pakistan and Afghanistan.

A disease is endemic when it continues to be present at a baseline level in a particular area without external factors, such as cases contracted through travel.

Since 1988, polio has been eliminated in 122 countries. Pakistan has reported 16 poliovirus cases this year while Afghanistan has reported 14 as of July.

Where else has polio made a comeback?

Aside from Pakistan and Afghanistan, the only countries to have reported wild poliovirus cases over the past few years have been Mozambique (eight cases in 2022) and Malawi (one case in 2021) — both of which had previously eradicated polio.

Several other countries have recorded vaccine-derived cases. While there were 12 cases last year caused by wild poliovirus, 524 were linked to vaccine-derived polio, according to the United States Centers for Disease Control and Prevention.

Most middle- and high-income countries today use injectable vaccines that contain a dead virus. But oral vaccines are cheaper and easier to administer, making them a more common choice in developing nations.

"If you are looking for a solution that is safe for the individual, the inactivated polio vaccine by injection is safer; but if you are looking to prevent cases in a population and doing so quickly, the oral vaccine is the one you choose at the moment," Forman said. [Howard Forman, director of the Health Care Management Program

at Yale University's School of Public Health] The flip-side? Oral vaccines rely on a weakened but live poliovirus that can, occasionally, also cause polio when spread through sewage.

"Oral polio vaccines [OPV] come with some risks, but these risks are much smaller than the risks of outbreak polioviruses," Thompson told Al Jazeera. [Kimberly Thompson, president of Kid Risk Inc] *"The key with OPV use is ensuring the achievement of sufficiently high coverage that the vaccine viruses do not continue to find susceptible individuals and cause vaccine-derived cases."*

The vaccine-derived cases are of three types — depending on the strain of virus used in the vaccine.

The most common one is type 2 with 133 cases this year primarily in Nigeria and Yemen. Infections have also been recorded in Indonesia and 11 other countries across the African continent, including the Democratic Republic of the Congo (DRC).

The US, which officially eliminated polio in 1979, also recorded a type 2 case of paralysis in Rockland County, New York, in 2022.

Six cases of vaccine-derived type 1 have been reported in Mozambique and the DRC this year.

There have been no type 3 cases since 2022 when Jerusalem recorded one case of paralysis. Type 3 and type 2 strains were also found in sewage samples across Jerusalem.

The same year, Canada, the US and the United Kingdom also found vaccine-derived type 2 poliovirus in wastewater samples although only the US reported an infection.

How did polio return to those areas?

One of the reasons behind the high number of vaccine-derived type 2 cases is a global shift in the type of vaccine administered. In 2016, the type 2 virus was removed from oral poliovirus vaccines in all countries that use these vaccines and replaced with an oral vaccine for types 1 and 3 along with one dose of an injectable shot that includes the inactivated type 2 poliovirus vaccine (IPV). Even before the switch, experts expected that using only IPV for type 2 would reduce population immunity to the type 2 poliovirus.

"The immune protection induced by IPV in populations is not as effective in preventing transmission as the oral polio vaccine," Thompson said.

Polio infections have resurfaced due to another mix of reasons as well, analysts said — from vaccine hesitancy to reduced immunisation campaigns due to conflict or global health crises, such as the COVID-19 pandemic.

Polio Returns To Gaza: Where Else? *(Cont'd from p19)*

Where is poliovirus still prevalent in 2024?

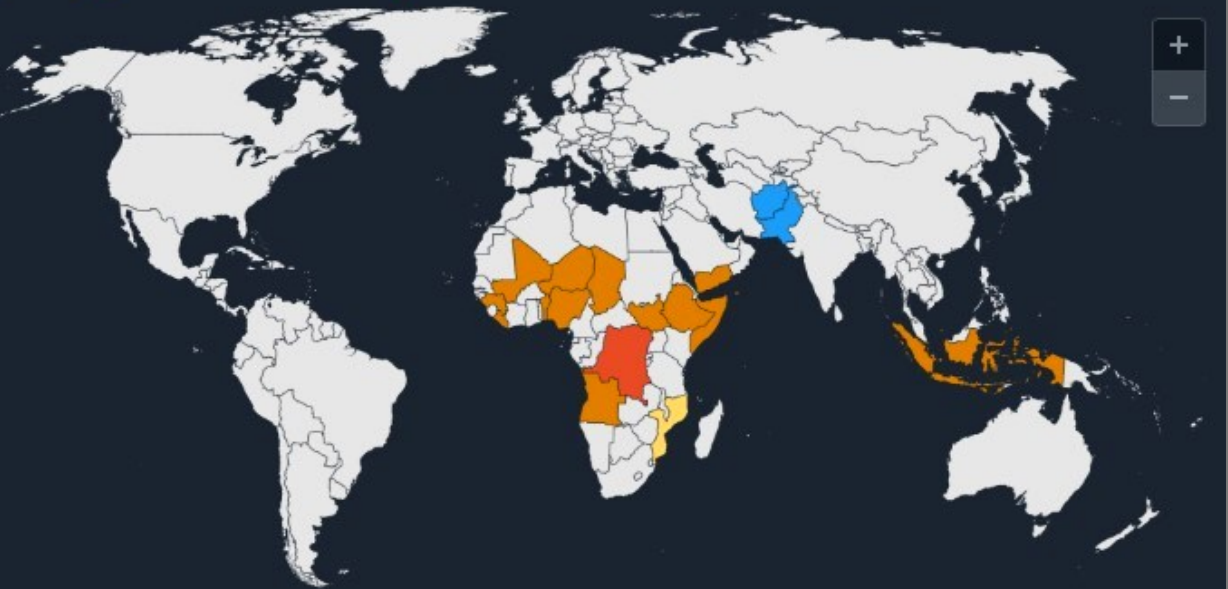
Poliomyelitis (polio) is a highly infectious viral disease that largely affects children under five years of age. Wild poliovirus cases have decreased by 99 percent since 1988. The latest emergence of the diseases in Gaza is the circulating variant type 2 poliovirus (cVDPV2).

Click on the buttons below to see data for the last few years:

2023 2022 2021

Types of polio cases

WPV1 cVDPV1 cVDPV1 and cVDPV2PV2 cVDPV2



Source: WHO, ECOC

Often, parents refuse vaccines being administered to their children out of mistrust, and the reasons for this mistrust can differ based on region.

In sub-Saharan Africa, decades of medical experimentation have contributed to a belief that the region is a testing ground for new vaccines. There is also a prevalence of conspiracy theories that vaccines are a guise for substances that reduce the African population or introduce satanic controls in the world.

The idea that polio vaccines are part of a Western plot was further fuelled in Pakistan when reports surfaced that the US intelligence agency CIA organised a fake hepatitis vaccination drive aimed at identifying and eventually killing al-Qaeda leader Osama bin Laden.

Other common reasons for refusals include lack of trust in the vaccine quality and fear of side effects.

There has also been an overall gap in polio vaccine drives in recent years. Conflict and political instability have hindered vaccinations in countries such as Sudan, according to the World Health Organization.

Many countries also halted or postponed polio vaccine drives during the COVID-19 pandemic owing to restricted movement, a diversion of resources and the disrupted supply chain.

Increased global mobility, particularly from countries with ongoing polio transmission, has also continued the spread of the virus. 🌐

Read full article here:

<https://www.aljazeera.com/news/2024/9/2/polio-returns-to-gaza-where-else-has-the-virus-re-emerged>

Baby Contracts Gaza's First Case Of Polio In 25yrs

By Yolande Knell

Middle East Correspondent Reporting from Jerusalem, and

Lucy Clarke-Billings

BBC News

Source: www.bbc.com — 24 August 2024

A 10-month-old baby has been partially paralysed after contracting polio in Gaza, United Nations officials have said.



A Palestinian girl is examined by a doctor after the first case in 25 years was confirmed

According to the UN, Gaza, now in its 11th month of war, has not registered a polio case for 25 years, although type 2 poliovirus was detected in samples collected from the territory's wastewater in June.

The head of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, said he is "gravely concerned" and confirmed that efforts are under way to roll out a vaccination programme in the coming weeks.

The 10-month-old, who was unvaccinated, is said to be in a stable condition after developing paralysis in one leg.

Poliovirus, most often spread through sewage and contaminated water, is highly infectious. It can cause disfigurement and paralysis, and is potentially fatal. It mainly affects children under the age of five.

Humanitarian groups have blamed the re-emergence of polio in Gaza on disruption to child vaccination programmes and massive damage to water and sanitation systems caused by the war.

In order to try to contain the spread, the UN has been pressing for a week-long pause in fighting to carry out a polio vaccination campaign for more than 640,000 children under the age of 10.

UN Secretary General António Guterres said "hundreds of thousands of children in Gaza [are] at risk".

He said that for the campaign to be successful, transport of vaccines and required equipment would need to be facilitated, as well as the entry of polio experts into Gaza.

Adequate fuel, increased flow of cash, reliable communications and the ensured safety of both health workers and people reaching health facilities were also needed, he said.

WHO has approved the release of 1.6 million doses of vaccine, UNICEF is coordinating their delivery along with cold storage units and UNRWA's medical teams will administer the vaccines once they arrive in Gaza.

UNICEF's Executive Director Catherine Russel said that the re-emergence of the virus in the strip after 25 years is "another sobering reminder of how chaotic, desperate and dangerous the situation has become".

On 18 August, the Israel Defense Forces (IDF) said since the beginning of the war, 282,126 vials of the polio vaccine, sufficient for 2,821,260 doses, have been sent to Gaza.

It said in the coming weeks, an additional 60,000 vaccines will be delivered to vaccinate over one million children.

According to the IDF, entry to the Gaza Strip for vaccines and epidemic prevention is being facilitated by the Coordinator of Government Activities in the Territories (COGAT), "This includes the entry of medical teams and vaccines against the polio virus," the IDF said.

Israel launched a military campaign in Gaza in response to an unprecedented attack on southern Israel on 7 October by Hamas gunmen, during which about 1,200 people were killed and 251 taken hostage.

More than 40,265 people have been killed in Gaza since then, according to the territory's Hamas-run health ministry, which does not give details of civilian and combatant deaths. The UN human rights office says most of those killed were women and children. 🇺🇸



Baby contracts Gaza's first case of polio in 25 years | BBC News

Watch Video Report

<https://www.youtube.com/watch?v=o1AcVf-rZY8>

WHO Reaches An Agreement With Israel

By Edith M. Lederer

Source: apnews.com
— 30 August 2024

UNITED NATIONS (AP) — The U.N. World Health Organization said Thursday that it has reached an agreement with Israel for limited pauses in fighting in Gaza to allow for polio vaccinations for hundreds of thousands of children after a baby contracted the first confirmed case in 25 years in the Palestinian territory.

The vaccination campaign will start Sunday in central Gaza, with a “humanitarian pause” lasting from 6 a.m. until 3 p.m. for three days that can be extended by an additional day if needed, said Rik Peepkorn, WHO’s representative in the Palestinian territories.

The effort — which has been coordinated with Israeli authorities — will then move to southern Gaza and finally northern Gaza for similar pauses, he told a U.N. press conference by video from Deir al-Balah in central Gaza.

“I’m not going to say this is the ideal way forward. But this is a workable way forward,” Peepkorn said.

The vaccination campaign is targeting 640,000 children under 10, who will each receive two drops of oral polio vaccine in two rounds — the second to be given four weeks after the first.

Peepkorn said the humanitarian pauses are critical so families can bring their children to get vaccinated and get back to where they are staying by 3 p.m.

“We have an agreement on that, so we expect that all parties will stick to that,” he said.

WHO said health workers need to vaccinate at least 90% of children in Gaza to stop the transmission of polio. The campaign will involve more than 2,100 health workers from U.N. agencies and the Gaza Ministry of Health, working at hundreds of sites across Gaza and with mobile teams.

The humanitarian pauses are not a cease-fire between Israel and Hamas that mediators U.S., Egypt and Qatar have long been seeking, including in talks that are ongoing this week.

Hamas is *“ready to cooperate with international organizations to secure this campaign,”* according to a statement from Basem Naim, a member of Hamas’ political bureau.

An Israeli official said before the plan was announced that there was expected to be some



© UNICEF - UNICEF is bringing 1.2 million doses of polio vaccine to Gaza.

sort of tactical pause to allow vaccinations to take place. The official had spoken on condition of anonymity before the plan was finalized.

Israel didn’t immediately comment Thursday. The Israeli army has previously announced limited pauses in limited areas to allow international humanitarian operations.

Robert Wood, U.S. deputy ambassador to the U.N., urged Israel to avoid further civilian evacuation orders during the pauses and said workers need security to vaccinate children.

“It is especially important for Israel to facilitate access for agencies carrying out the vaccination campaign and for it to ensure periods of calm and refrain from military operations during vaccination campaign periods,” he said.

The campaign comes after 10-month-old Abdel-Rahman Abu El-Jedian was partially paralyzed by a mutated strain of the virus that vaccinated people shed in their waste, scientists say. The baby boy was not vaccinated because he was born just before Oct. 7, when Hamas militants attacked Israel and Israel launched a retaliatory offensive on Gaza.

He is one of hundreds of thousands of children who missed vaccinations because of the fighting between Israel and Hamas.

Polio was eliminated from most parts of the world as part of a decades long effort by the WHO and partners to wipe out the disease. Health care workers in Gaza have been warning of the potential for a polio outbreak for months, as the humanitarian crisis unleashed by Israel’s offensive grows.

Displaced Palestinians often live in crowded tent camps, near heaps of garbage and dirty wastewater flowing into the streets that aid workers describe as breeding grounds for diseases like polio, spread through fecal matter.

The polio strain that the 10-month-old contracted evolved from a weakened virus that was originally part of an oral vaccine but had been removed from the vaccine in 2016 in hopes of preventing vaccine-derived outbreaks. Public health authorities knew that decision would leave people unprotected against that particular strain, with scientists saying the case is the result of *“an unqualified failure”* of public health policy.

AP writers Josef Federman in Jerusalem and Abby Sewell in Beirut contributed. ●

Polio This Week

Source: polioeradication.org—30/08/2024

His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the UAE, directs the allocation of funding for urgent polio vaccination campaign in Gaza

- Supported by a US\$5M commitment, the campaign will enable the inoculation of more than 640,000 Gazan children, delivered in cooperation with the World Health Organization, UNICEF and UNRWA.
- The vaccination campaign represents a critical effort to prevent an outbreak after the poliovirus was detected in Gaza. The territory has since recorded its first case of paralytic polio in 25 years.

03/09/2024 06:05
Date Last Refresh (UTC)

Global Wild Poliovirus 2018-2024



| Source | Period | Wild virus type 1 confirmed cases | | | | | | | | | Wild virus type 1 reported from other sources ² | | | | | | | | | | |
|-----------------------------|--------|-----------------------------------|------------|------------|----------|-----------|-----------|----------|-----------------|-------------|--|-----------------|------------|-----------|-----------|------------|-----------|------------|-----------------|------|---------------------------|
| | | Full year total | | | | | | | 01-Jan - 03-Sep | | Date of most recent virus | Full year total | | | | | | | 01-Jan - 03-Sep | | Date of most recent virus |
| | | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2023 | 2024 | | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | | | |
| ▲ | Year | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2023 | 2024 | recent virus | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2023 | 2024 | recent virus |
| Afghanistan | | 21 | 29 | 56 | 4 | 2 | 6 | 5 | 17 | 05-Aug-2024 | 86 | 66 | 43 | 1 | 22 | 62 | 33 | 69 | 22-Jul-2024 | | |
| Pakistan | | 12 | 147 | 84 | 1 | 20 | 6 | 2 | 16 | 03-Aug-2024 | 139 | 390 | 438 | 65 | 41 | 127 | 22 | 295 | 13-Aug-2024 | | |
| Islamic Republic of Iran | | | | | | | | | | | | 3 | | | | | | | 20-May-2019 | | |
| Malawi | | | | | 1 | | | | | 19-Nov-2021 | | | | | | | | | | | |
| Mozambique | | | | | | 8 | | | | 10-Aug-2022 | | | | | | | | | | | |
| TOTAL (TYPE 1) | | 33 | 176 | 140 | 6 | 30 | 12 | 7 | 33 | | 225 | 459 | 481 | 66 | 63 | 189 | 55 | 364 | | | |
| Tot. in endemic countries | | 33 | 176 | 140 | 5 | 22 | 12 | | | | 225 | 456 | 481 | 66 | 63 | 189 | | | | | |
| Tot. in non-end countries | | | | | 1 | 8 | | | | | | 3 | | | | | | | | | |
| No. of countries (infected) | | 2 | 2 | 2 | 3 | 3 | 2 | | | | 2 | 3 | 2 | 2 | 2 | 2 | | | | | |
| No. of countries (endemic) | | 2 | 2 | 2 | 2 | 2 | 2 | | | | 2 | 2 | 2 | 2 | 2 | 2 | | | | | |
| Total Female | | 18 | 72 | 59 | 2 | 10 | 4 | | | | 2 | 3 | | | 1 | | | | | | |
| Total Male | | 15 | 104 | 81 | 4 | 20 | 8 | | | | | 11 | | | | | | | | | |

03/09/2024 06:05
Date Last Refresh (UTC)

Global circulating vaccine-derived poliovirus (cVDPV) 2021-2024



| Source | Year | AFP cases | | | | | Date of most recent virus | Other sources (Environmental) ² | | | | | Date of most recent virus | Other sources (Human) ² | | | | | Date of most recent virus |
|----------------------------------|------|-----------|------------------|------------------|----------|-------------|---------------------------|--|------------------|-----------------|-------------|-----------------|---------------------------|------------------------------------|----------|-------------|-------------|--|---------------------------|
| | | 2021 | 2022 | 2023 | 2024 | | | 2021 | 2022 | 2023 | 2024 | | | 2021 | 2022 | 2023 | 2024 | | |
| ▲ | | | | | | | | | | | | | | | | | | | |
| cVDPV1¹ | | | | | | | | | | | | | | | | | | | |
| Congo | | | 1 | | | 15-Oct-2022 | | | | | | | | | | | | | |
| Democratic Republic of the Congo | | | 149 ³ | 106 ³ | 5 | 27-Apr-2024 | | | | | | | | 6 | | | 10-Oct-2022 | | |
| Madagascar | | 14 | 16 | 24 | | 16-Sep-2023 | 33 ³ | 159 ³ | 100 ³ | | 31-Jul-2023 | 27 ³ | 11 | 7 | | 20-Jun-2023 | | | |
| Malawi | | | 4 | | | 01-Dec-2022 | | | | | | | 1 | | | | 19-Sep-2022 | | |
| Mozambique | | | 22 | 4 | 1 | 17-May-2024 | | | | | | | 1 | | | | 25-Oct-2022 | | |
| Yemen | | 3 | | | | 27-Mar-2021 | | | | | | | | | | | | | |
| TOTAL (TYPE1) | | 14 | 192 | 134 | 6 | | 0 | 159 | 100 | 0 | | 27 | 19 | 7 | 0 | | | | |
| cVDPV2¹ | | | | | | | | | | | | | | | | | | | |
| Afghanistan | | 41 | | | | 09-Jul-2021 | 41 ³ | | | | 23-Jun-2021 | 2 | | | | 03-May-2021 | | | |
| Algeria | | | 3 | | | 13-Dec-2022 | | 18 | 27 ³ | 3 | 27-Feb-2024 | | 2 | 3 | | 05-Jan-2023 | | | |
| Angola | | | | | 6 | 07-Jul-2024 | | | 1 | 8 ³ | 29-May-2024 | | | | 1 | 30-Mar-2024 | | | |
| Benin | | 3 | 13 | 3 | 1 | 18-May-2024 | 1 | 9 | 4 | | 05-Dec-2023 | 2 | 1 | | | 01-Jun-2022 | | | |
| Botswana | | | | | | | | 5 | 5 | | 25-Jul-2023 | | | | | | | | |
| Burkina Faso | | 2 | | 3 | | 04-Jun-2023 | 1 | | 1 | | 12-Dec-2023 | | | | | | | | |
| Burundi | | | 1 | 1 | | 15-Jun-2023 | | 7 | 13 | | 13-Jun-2023 | | 2 | | | 24-Nov-2022 | | | |
| Cameroon | | 3 | 3 | | | 22-Dec-2022 | 1 | | 13 | | 28-Sep-2023 | 3 | | | | 29-Oct-2021 | | | |
| Canada | | | | | | | | | 2 | | 30-Aug-2022 | | | | | | | | |
| Central African Republic | | | 6 | 14 | | 07-Oct-2023 | 1 | 9 ³ | 1 | | 19-May-2023 | | | 15 | | 14-Jun-2023 | | | |
| Chad | | | 44 | 55 | 8 | 13-Jul-2024 | 1 | 7 | 3 | 11 ³ | 24-Jul-2024 | | 4 | 6 | | 21-Jun-2023 | | | |
| Congo | | 2 | | | | 10-Feb-2021 | 3 | | 2 | | 07-Dec-2023 | | | | | | | | |
| Cote d'Ivoire | | | | 6 | | 22-Nov-2023 | | 3 | 46 ³ | 22 | 23-Apr-2024 | | | 16 | | 23-Oct-2023 | | | |