

Polio Oz News

March 2025 – Autumn Edition

The Day Our Home Flooded

... my vulnerability suddenly confronted me!

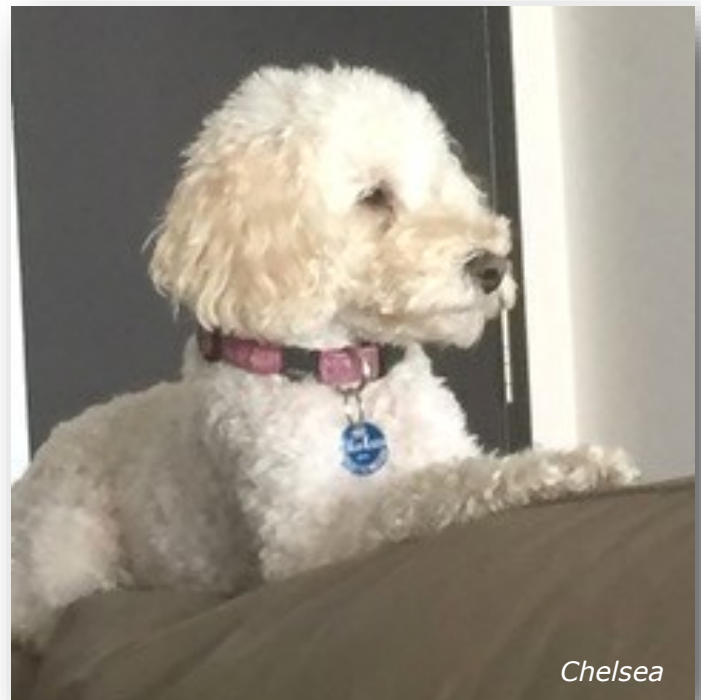
By Dr John Tierney AM

On the day of our home flood, Ausgrid staff worked on upgrading the electric substation, which services the 220 apartments in our twin tower building in Newcastle East. During the day, without power and water, I worked on a particularly tedious problem on my computer, in the study, not even bothering to make a cup of tea in the kitchen. After eight hours, the lights and the water finally came back on. Why didn't I make a cup of tea? If I had I would have spotted the kitchen tap in the on position.

When the power and water did come back on, Chelsea, our toy poodle, was perched in her usual spot, high on the back of the lounge chair. For thirty minutes, she stared at the water, which had spilt over the top of the kitchen sink, flowed down the cupboard doors, and slowly made its way across the wooden floor towards her. Even as it flowed past the lounge she was lying upon; this catastrophic event didn't raise an eyebrow or a startled look. Not even a throaty bark from our 'watchdog.'

In the following half hour, the water flooded the bamboo wooden floor in the kitchen, dining, and lounge room. After making its way past Chelsea's high perch, it moved down two hallways, entered the master bedroom, and flooded half the Berber carpet. Chelsea's reaction to this disaster unfolding before her eyes and under her nose was zilch, zero, nothing.

In my childhood, watching movies like Lassie, the heroic canine would often rush towards its owners out in the fields, barking loudly to warn them of an impending disaster if their home was in danger from fire or burglars. But our home flood elicited no such response from our faithful hound — not even one "woof". Chelsea didn't rouse herself from her lounge perch or bother to make the ten-metre journey into my study to alert me that something was amiss. Chelsea is not the sharpest tool in the shed, but she is thirteen — ninety in human years, and I suspect our doggie is now almost deaf, blind, and undoubtedly dumb.



Chelsea

As a 79-year-old with a significant disability — the late effects of the polio which I had contracted as a baby — being left alone that day in the sole care of our toy poodle without power or water was always going to be problematic and worrying. The first cause of anxiety was Ausgrid shutting down the power and consequently, also removing from service the water supply and the lift access to our 13th floor apartment.

Before Ausgrid started work, I had driven my wife, Pam, to the Newcastle Interchange to board a train to Sydney, where she was to care for her seriously ill sister for a week. I needed to be back in our apartment by 7:45 am or be locked out for the entire day.

During flood day, before our daughter returned from New Zealand in the evening at 5:00 pm to the apartment she shared with us, I had decided to do a minor clean-up in the kitchen. At the sink, probably in a half daze, I must have flipped the water tap on, but not off, when no water appeared. Later, when I finally emerged from the study half an hour after the power and water returned, I was confronted by the expanding lake of water on what was initially sold to us as a

Cont'd P7

Polio Australia
Representing polio survivors

PO Box 2799
North Parramatta NSW 1750
Phone: +61 3 9016 7678
contact@polioaustralia.org.au

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

Vice President—Gary Newton
gary@polioaustralia.org.au

Secretary—Maryann Liethof
maryann@polioaustralia.org.au

Treasurer—Alan Cameron
alan@polioaustralia.org.au

Editor—Maryann Liethof
editor@polioaustralia.org.au

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Polio Australia’s Websites

Dual Client & Clinician
POST-POLIO HISTORY FORM

DOWNLOAD

Polio Australia **MEDICAL ALERT**
My medical history includes polio. I now experience symptoms of **Late Effects of Polio**. I may require additional assistance or specialised treatment to reduce my risks. Please discuss treatments with me, my family or carer, and my GP. Please also inform other staff of my condition. For more information on my surgical risks & planning for hospitalisations

Late Effects of Polio
MEDICAL ALERT CARD

Download

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

“In her finest gold-tipped pen,
Nature writes the poem of
autumn upon the earth.”
~ Laura Jaworski ~

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President's Report



By Gillian Thomas OAM
President

With a federal election looming, Polio Australia took the opportunity of putting in a pre-budget submission in the hope that we might fund a number of vital programs and staffing. This would enhance our operational capacity, expand stakeholder education, and ensure that critical resources remain up to date and widely accessible.

Our proposed initiatives include establishing a National Post-Polio Register to strengthen epidemiological understanding, employing dedicated administrative and specialised staff to progress our essential work, and securing research funding to drive evidence-based clinical practice and policy. We also aim to develop discipline-specific eLearning modules for healthcare professionals, redesign our primary websites to better serve our community, and launch a national awareness campaign to improve early recognition and intervention for post-polio conditions. Additionally, we seek support to update and republish our clinical education manual, ensuring that best-practice

guidelines are widely available.

As indicated in Paulette Jackson's report (P 5), 302 GP kits and 32 university kits have been sent over a few months, with a view to fostering better recognition, treatment, and care for individuals experiencing the Late Effects of Polio and Post Polio Syndrome. We are very grateful to GSK Australia for funding this project.

Elsewhere on the funding front, we have submitted two philanthropic grant applications to enhance awareness and education about the late effects of polio across both the polio community and health professionals. Successful applications will not be known until June.

We are also in early negotiation with the Department of Health concerning a one-off grant for 12 months funding (2025-2026) to continue providing information to the polio community. We are looking to leverage this grant to expand our reach and impact not only during but beyond the 12 months funding. Our negotiations will inevitably slow down once the federal election, due to be held by May, is called and the Government enters 'caretaker' mode. Nevertheless, first discussions have been positive and we look forward to bringing you more news as it becomes available. 🌟

Gillian

From The Editor



By Maryann Liethof
Editor

March heralds Autumn in Australia, and Spring for our northern hemisphere neighbours. Wherever we live, change is in the air...

Polio Australia's previous President, John Tierney, has shared his experience (P 1) of his feelings of vulnerability when being confronted with a series of circumstances that any one of us could face at any given time. This tale is both a salient reminder of how quickly things can change, and how resilient we can be.

If you are hankering for an accessible holiday, maybe Spinal Life's Healthy Living Centre in Cairns (P 4) is worth looking into. Especially as the months start getting cooler in our southern states. The Centre also provides rehabilitation and respite programs.

The Focus on Ability Short Film Festival (P 8) is, once again, seeking submissions of short films (up to 5 mins) with a chance of winning up to \$100,000 in prizes. Last year, Post Polio Victoria won with their film "[Lives Well Lived](#)". It's open to everyone, and free to enter.

Of some concern is that poliovirus has been found in Europe, as discussed in two articles (P's 9 and 10). Finland, Germany, Poland, Spain and the United Kingdom have all reported detections of circulating vaccine-derived poliovirus in sewage samples. As reported by a senior researcher at the Finnish Institute for Health Welfare, the "*Presence of poliovirus in wastewater signals a potential risk for transmission. This is particularly concerning, as the virus can spread silently through asymptomatic individuals.*" Around 70% of individuals infected with poliovirus are asymptomatic.

At WHO's Executive Board Meeting (P 11), "*global polio and health experts urge[d] right geopolitical decisions to stop 'perfect storm' for poliovirus transmission and protect eradication.*"

In news from the USA (P's 13 and 14), Robert F. Kennedy Jr. was recently confirmed as health secretary. It has been speculated that he may decide "*to rein in vaccine access and uptake, including by revising government vaccine advisories, requiring additional post-market studies on vaccines, sowing public distrust in immunization overall and weakening legal protections for vaccine makers.*"

There is no doubt that the post-polio community will be watching on with interest. 🌟

Maryann

Community Programs Update



By Devalina Battacharjee
Community Development Worker

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

We have successfully completed forums throughout Victoria, having conducted information sessions in Bendigo and Broadmeadows in the months of December and February, respectively. The sessions were successful in raising awareness about Late Effects of Polio (LEoP) among people affected who had hitherto not been aware and helped in increasing numbers for our Australian Polio Registry. The sessions attracted new members to join our existing community and spread awareness about LEoP, 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 thus far been inexplicable, in addition to learning from the experiences of others. At this point in time, we are almost done with our Victoria sessions, with all but one session remaining, to be conducted in Werribee in the near future.

We are also in the process of planning more information sessions in New South Wales over the next month, in addition to visiting Western Australia and Tasmania in April, and Northern Territory and Queensland in May. Please check this link for more updates over the next few months www.polioaustralia.org.au/community-information-sessions/

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

Until next, take good care of yourselves! 🌟

Spinal Life Healthy Living Centre



A first for North Queensland, our Centre, enables guests to benefit from its closeness to cafes, restaurants and local attractions. In addition to providing accessible accommodation, we have a range of services and therapies for guests to enable the most comfortable stay possible. Whether you're looking for respite, short/medium-term accommodation or a holiday retreat, we're here, ready to welcome *you and your family!*

With seven fully accessible, self-contained units, you'll enjoy all the comforts of home, while resting and rehabilitating. Many of our units have balconies that benefit from sea breezes and views over the esplanade.

Being close to the dining and entertainment district you are spoilt for choice. With the highly-rated Guyala Cafe on the ground level – you're only metres away from eating one of the best breakfasts in all of Queensland. With a year-round tropical climate, you have many accessible activities to try in the area, from bathing in the Cairns Lagoon, visiting the night markets or taking a day trip to Cape Tribulation, you won't run out of things to see or do.

Both accommodation and therapies/services available at the Healthy Living Centre can be funded through the NDIS. If you would like to use private or state insurance scheme funding or another source of funding, please contact us to obtain information to support your discussion with your funding provider. Alternatively, you can pay for your stay or therapies out of your own pocket. It isn't a requirement to use funding providers when visiting the Healthy Living Centre.

Contact Us

The Spinal Life Healthy Living Centre, 2-4 Smith Street, North Cairns, QLD 4870
Ph: 1300 774 625 / www.spinalhealthyliving.com.au/

Resource Kit Project



By Paulette Jackson
Administration Officer

Polio Australia is pleased to share the success of our recent Resource Kit project, made possible through funding from GSK Australia. This initiative aimed to increase awareness of post-polio conditions and provide essential educational resources to General Practitioner (GP) clinics and universities across Australia. By improving awareness, understanding and management of post-polio conditions, we strive to enhance the quality of care for people affected by polio.

Through this project, Polio Australia targeted 302 GP clinics and 32 universities, ensuring that healthcare providers and students in health professions have access to comprehensive post-polio resources. These institutions received an information package containing essential materials designed to improve the identification and management of post-polio conditions. A map detailing the locations of these recipients can be viewed [here](#).

Each envelope sent out contained the following materials:

- **Clinical Booklets** – Providing essential practical information for healthcare professionals.
- **Screening for Exposure to Polio Tool** – A summary of identification barriers and a screening tool to assist in recognising past polio exposure.
- **Theatre Nurse Tri-Fold Brochures** – Containing theatre-specific information on the Late Effects of Polio (LEoP) and Post-Polio Syndrome (PPS) to support surgical teams.
- **Client Fact Sheets** – The most commonly used fact sheets, with additional resources available on our website.
- **Medic Alert Cards** – Designed for distribution to clients with post-polio or to other local clinicians to enhance awareness and preparedness in medical settings.

This project would not have been possible without the generous support of **GSK Australia**. Their funding enabled the printing and distribution of these vital resources, ensuring that the resource kits reached the hands and eyes of GPs and future healthcare professionals across the country. By equipping these professionals with the necessary knowledge, we hope to foster better recognition, treatment, and care for individuals experiencing the LEOp and PPS.

Polio Australia remains committed to raising awareness and advocating for the needs of polio survivors. We thank GSK Australia for their support in helping us take this crucial step toward improving healthcare outcomes for those affected by post-polio conditions. 🌍



Fighting Fatigue

By Melinda Overall JP

Nutritionist / Counsellor

www.overallnutrition.com.au

As many of you are aware, one of the major challenges in managing post-polio syndrome is maintaining energy levels and combating persistent fatigue.

So, what exactly is energy? Energy is the electrical power that fuels the essential functions our bodies need to survive, including metabolism, growth, physiological and muscular activity, tissue development, and the regulation of hormones and enzymes. It also supports the functioning of organs like the heart and brain.

Our bodies derive energy from the foods we consume, specifically from carbohydrates, fats, proteins, and alcohol. The amount of energy in food is measured in calories or kilojoules. The primary source of energy is glucose, a simple sugar found in carbohydrate-based foods, which our bodies convert from other nutrients when necessary. This glucose is used in the mitochondria (the powerhouses of our cells) to produce adenosine triphosphate (ATP), the body's energy currency [1]. It's crucial to properly regulate glucose levels to maintain a steady supply without rapid spikes or drops in blood sugar.

Now, what about fatigue? While fatigue may seem like just a lack of energy, it's more complex. Fatigue is a persistent feeling of weakness or tiredness that can be emotional, mental, or physical. Fluctuations in blood glucose levels can contribute to fatigue and even affect mood. Additionally, blood glucose dysregulation can lead to muscle fatigue by disrupting the supply of ATP to muscle cells [1].

How can we fight fatigue?

There are several nutrition-based strategies to help regulate blood sugar and reduce fatigue, boost energy, and support muscle function:

- Eat regularly and avoid letting yourself get excessively hungry.
- Limit high-sugar foods, such as candies and white bread.
- Choose water over sugar-sweetened beverages like soft-drinks, juices, and cordials.
- Increase your intake of dietary fibre by eating more vegetables, whole fruits, and keeping the skin on.



- Opt for whole grain foods—like whole wheat bread, whole grain pasta, and brown rice.
- Avoid carbohydrate-only snacks and meals—always include protein and a small amount of fat with every meal or snack.
- Swap jam, honey, and syrup for 100% nut butters or avocado on your toast.
- Use full-fat dairy products instead of low-fat versions.

Other helpful strategies include:

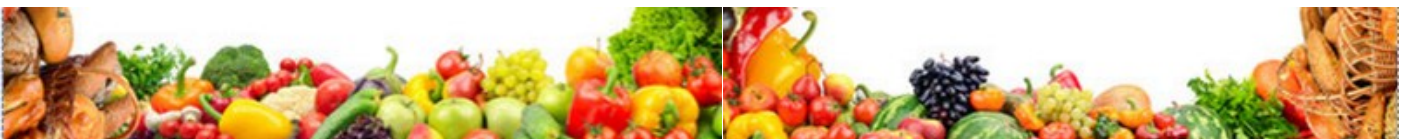
- Managing stress levels effectively.
- Ensuring adequate, quality sleep.
- Incorporating at least 30 minutes of physical activity daily, if possible.
- Quitting smoking and vaping.

It's also a good idea to see your GP annually. They may recommend a blood test to assess your plasma glucose levels, glycated haemoglobin (which reflects how well your blood glucose has been regulated over the past three months), and insulin levels [2].

Remember, making small changes can lead to lasting improvements over time. 🌟

References:

1. National Health and Medical Research Council (n.d). Nutrient Reference Values – Dietary Energy. Australian Government. Retrieved from <https://www.eatforhealth.gov.au/nutrient-reference-values/nutrients/dietary-energy>
2. Health Direct. (2025). HbA1c test. Australian Government. Retrieved from <https://www.healthdirect.gov.au/hba1c-test>



The Day Our Home Flooded *(cont'd from P1)*

'floating bamboo floor'. Little did the installers realise that one day it would be floating, which it did when the power of gravity moved the flood water from above the floor to beneath it.

The floor slopes down slightly towards the front verandah, which facilitated the water backing up against the full-length front windows at about the width of a finger deep. Wooden floors cannot be sealed at the edges because they need to expand and contract in different weather conditions, so through a small gap, the water moved down at the edge and under the floorboards. I quickly started to mop up with a bucket and squeeze mop, but after a few minutes, my LEOp condition caught up with me, with rapidly developing severe pain in the lumbar region of my spine.

This home flood disaster was completely preventable if I had gone to get a cup of tea when the power came back on, my wife or my daughter had been home that day, or the toy poodle had bothered to bark when the kitchen sink overflowed. Significant life impacts arise from such minutiae in daily life, and if you have a significant deteriorating disability, suddenly you can find yourself unable to cope.

Over the 40 years that I have had LEOp, my backbone has probably deteriorated at only about two per cent a year because I have taken good care of it. It would have been much more if I hadn't. So, since I was diagnosed with LEOp forty years ago, that is still a deterioration of at least eighty per cent. This has led to spinal scoliosis and stenosis developing, together with collapsing discs and arthritis. I also have three bone spurs growing into the spinal canal, giving the spinal cord, over time, less wriggle room at those points in the lumbar region.

How does such an ongoing disability play out in real life, in the sporting arena, for example? I was born into a tennis-mad family, and at every school, my father was appointed as principal; the first job of the P&C was to build a tennis court on the school grounds, preferably beside the school residence. So, in my first nine years after contracting polio at birth in the far south coast town of Eden, I grew up beside a tennis court. This set the stage for me becoming a tennis player.

The polio had damaged the nerve connections and, subsequently, the muscles in my left side and lower half of my body, leaving me with a perfectly functioning right arm and hand. I learnt to use these to skilful effect on the tennis court. Although the impact of polio meant I only moved slowly on the court, my ability to hit very hard and accurate tennis shots to the corners of the court had my opponents running frantically back and forth. At the same time, I trotted slowly

around the other end, delivering my deadly passes.

So, how was my tennis game affected by polio over a lifetime? At fifteen, I won a junior district championship. At forty-five, I could still play and occasionally win a tennis match. At sixty-five, I could just manage to play four tennis games with my children. And now, as I approach eighty, I can hit the ball over the net about four times with my grandchildren before the lower back pain starts to set in, and I need to retire from the court. Is it any wonder I had trouble mopping up the water following the house flood?

Around the time the floor mopping exercise became too painful to continue, it was the scheduled time to pick up my daughter from the Newcastle Interchange at the end of her New Zealand holiday. I was hoping her return would also solve the wet floor problem. But in the twenty minutes that lapsed during the train station pickup and return, much of the water had flowed off the floor and now lay underneath it — soaking into the rubber matting between the concrete and the floating wooden floor.

On her return, my daughter mopped up the surface water as best she could, but it was too late. I checked with the two apartments on the next level down, but nothing had leaked through the concrete floor. All the water was still on top of the slab and under our wooden floor, which was beginning to buckle as the water entered from the rubber underlay and swelled up the unsealed wood on the underside of the bamboo floor.

A day and a half after the flood, the insurers' building subcontractors arrived with their huge air-drying machines. Following laser tests to check the extent of the extensive under-floor moisture, they declared the wooden floor 'unsalvageable'. They instructed us that all three adults and the toy poodle must move out, the apartment packed up, and the floors taken up and replaced.

Virtually all this work, including the packing up of the contents, was to be carried out by subcontractors who the insurance company approved. I thought it would be wise for us to pack and store our valuables. Also, as one bedroom and the study were not flooded, they could be used to store anything we didn't want to be moved, for example, the considerable number of books lying around the house, which I would need to relocate to the study bookshelves. This would be a straightforward task for most people, but when you have advanced LEOp, it becomes slow and painful work. I took great care to move only a few books at a time, but shortly, my lower back pain returned with a vengeance.

The Day Our Home Flooded *(cont'd from P7)*



Dr John Tierney AM

I have concluded that LEOp deterioration of two per cent a year over the last forty years has reduced my ability to lift anything to little more than a knife and fork.

However, the typical polio survivor has an A-type personality, and we tend to be overachievers. So, what else could I do? As a teenager, I joined the Boy Scouts and gained many badges for acquiring a wide range of skills. I eventually took out the Queen's Scout Award, and during this time, I turned my attention to where I could excel, which was in the world of ideas. When I completed high school, I had the choice of several university scholarships and, at 23, was appointed the youngest tertiary lecturer in NSW. I gained a PhD degree ten years later.

With my love of ideas, I was also drawn to the world of politics. When I was fourteen, I set my sights on the Australian Senate, where I took up my seat thirty-one years later, aged forty-five. When I retired from politics

after fourteen years, I became President of Polio Australia and dedicated my time to gaining government assistance to help my fellow 40,000 Australian polio survivors. I organised our 'We're still here' campaign in Parliament House and eventually gained federal government funding. I also led a nationwide effort by Polio Australia to educate the public, medical professionals, and polio survivors about the LEOp. I worked with polio organisations in other countries and hosted the first Australia international conference in 2016. For this volunteer work, I was made an AM (Member of the Order of Australia).

So, in my twilight years, am I happy with my life, dogged by disability? I would love to have sailed like my colleagues, skied like my father, played golf twice a week into my 70s like my eldest brother, or gone a lot further in championship tennis. Dancing has been another big gap. Pam, my wife of 56 years and mother of our six children, is an accomplished dancer. She really drew the short straw with me! We have the occasional dance at special functions like our fiftieth wedding anniversary, but it only lasts about three minutes. Every time I leave the floor, I wonder — "is that our last dance?"

Because of polio, there have been some very large gaps in my life, and sometimes I reflect on what might have been. But we can only play the cards we have been dealt in life. I believe that contracting polio helped me to be single-minded in pursuing a life in politics and gave me the momentum, lived experience and compassion to help fellow polio survivors. 🌟

Together, we can make a real difference!

Be part of something powerful! The **Focus on Ability Short Film Festival** celebrates the achievements of people with disability, challenging perceptions and inspiring change.

Create a short film or documentary (under 5 minutes) showcasing talent, strength, and inclusion for a chance to win over **\$100,000 in prizes** and have your work featured on national TV and free screenings across the country.

Entries close July 1—don't miss your chance to make an impact! Entry is **completely free**, and your film could be seen on the big screen during our nationwide tour in September and October 2025.

Got questions? Email us at admin@focusonability.com 🌟

Poliovirus Detected in Europe

Editorial Team

Source: www.vaccinestoday.eu
– 5 February 2025

Sewage samples in Finland, Germany, Poland, Spain and the United Kingdom

The European region was declared polio-free in June 2002. While there have been no cases of polio in humans, the detection of the poliovirus in wastewater samples in several European countries highlights the importance of maintaining high vaccination rates and high quality surveillance.

Thanks to vaccination, global rates of polio – which can cause paralysis, breathing difficulties and sometimes death – have fallen by 99% over the past thirty years. The disease is now 'endemic' in just two countries: Afghanistan and Pakistan. This means the disease continues to occur in those countries, threatening a worldwide push to end polio.

The immediate risk of a polio outbreak in Europe is considered to be low, but experts warn against complacency. Between September and December 2024, Finland, Germany, Poland, Spain and the United Kingdom reported detections of circulating vaccine-derived poliovirus type 2 (cVDPV2) in sewage samples. This is the first time cVDPV2 has been detected in EU/EEA countries from environmental surveillance, the European Centre for Disease Prevention and Control (ECDC) said last week.

"Europe has been polio-free for more than 20 years. We have to remain vigilant, maintain high vaccination rates and close any vaccination gaps that exist to prevent any return of this serious disease," said Pamela Rendi-Wagner, ECDC Director.

Although the majority of EU/EEA countries report vaccination coverage above 90% at the *national* level, local and regional data show lower rates in some areas. Only 39% of reporting districts reached 90% vaccination coverage. According to ECDC estimates, around 600,000 children aged 12–23 months may not have received a full primary polio vaccination course in 2022 and 2023. The ECDC is calling for immunisation catch-up campaigns targeting individuals with incomplete or unknown vaccination status, particularly in areas of low coverage or where environmental sampling has detected the virus. Additionally, authorities are advised to maintain adequate stocks of inactivated polio vaccine (IPV).

In November, the World Health Organization (WHO) European office specified that areas reporting poliovirus in wastewater samples include Barcelona, Warsaw, Cologne, Bonn, Hamburg and Munich. In December, Finnish authorities said the virus was reported in the Tampere region. In the UK, London, Leeds and Worthing have detected poliovirus.

The detected virus is genetically linked to a strain that emerged in Nigeria and is circulating in north and west Africa.

Robb Butler, Director of the Division of Communicable Diseases, Environment and Health at WHO/Europe said the countries that detected and reported poliovirus should be commended for their vigilance.

"WHO continues to support national and local public health authorities in their investigations and monitoring of the situation, including identification of any potential subnational immunity gaps that may need to be addressed," he added. *"Vaccination of every vulnerable child is essential to ensure that the virus cannot lead to lifelong paralysis or even death."*



Cause For Concern?

By Annie Lennon

Source: www.medscape.com
— 11 February 2025

Vaccine-derived poliovirus type 2 was detected in wastewater systems between September and December 2024 in five European countries: Spain, Poland, Germany, the United Kingdom, and Finland, potentially putting undervaccinated people at risk, according to a Eurosurveillance report.

Analyses have revealed wide genetic variation among the samples between and within countries, and even within the same sampling sites. This finding suggests that multiple independent importations occurred almost simultaneously from outside European poliovirus surveillance networks.

While the five countries reporting the virus maintain high immunization coverage, with three doses of the inactivated poliovirus vaccine (IPV), subnational coverage of the third dose of the polio vaccine in 2023 ranged between 43% and over 99%, according to *Eurosurveillance*. This finding means that some populations are chronically undervaccinated and vulnerable to poliovirus infection.

Increased Vigilance Urged

"To date, no polio cases have been reported, and the EU/EEA continues to be polio-free, but such findings call for increased vigilance," a European Centre for Disease Control (ECDC) spokesperson told *Medscape Medical News*.

"The overall risk among vaccinated populations is assessed to be very low, irrespective of the extent of vaccination coverage. The overall risk among under or unvaccinated populations is assessed to be low in areas with high vaccination coverage and moderate in areas with low vaccination coverage," the spokesperson said.

Nonvaccinated or undervaccinated persons may develop polio upon infection with a pathogenic poliovirus, overall in about 1:200 to 1:3000 infections, Erwin Duizer, PhD, head of the Netherlands' National Polio Laboratory, Bilthoven, the Netherlands, told *Medscape Medical News*.

Poliovirus detections in environmental surveillance indicate that the poliovirus is present in the population that drains on the sewage water treatment plant being screened, and that labs are doing a great job in detecting these viruses, he noted.

However, environmental surveillance cannot distinguish between viruses excreted by vaccinated and unvaccinated persons, nor

between residents and visitors, he cautioned.

Nevertheless, like the ECDC spokesperson, he said, *"The risk for polio is not necessarily significant or high, since most people are vaccinated, and a vaccinated person will not develop polio upon infection."*

But Soile Blomqvist, PhD, senior researcher at the Finnish Institute for Health Welfare, Helsinki, Finland, told *Medscape Medical News* that the wastewater findings were *"concerning."*

"Presence of poliovirus in wastewater signals a potential risk for transmission," she said. *"This is particularly concerning, as the virus can spread silently through asymptomatic individuals."* Around 70% of individuals infected with poliovirus are asymptomatic, whereas 25% experience mild symptoms, she noted.

Thea Kølsten Fischer, MD, clinical professor of public health at the University of Copenhagen, Copenhagen, Denmark, agreed. *"Silent poliovirus transmission can persist for months or years before new paralytic polio cases emerge,"* she told *Medscape Medical News*. *"This depends on vaccination rates and the behavior of asymptomatic carriers."*

An additional risk may include frequent contact with persons from, or who travel to, countries with polio outbreaks, Duizer added.

Children at Greatest Risk

Children younger than 5 years have the highest risk for infection, although <1% of poliovirus infections lead to paralysis. The most recent paralytic cases of polio in the European Region occurred in two children in Israel in March 2023 and February 2022, and in two children in Ukraine between October and December 2021. All cases were declared closed as of September 2024, Shahin Huseynov, MD, technical lead on polio at the World Health Organization Regional Office for Europe, told *Medscape Medical News*.

The ECDC estimated that between 2012 and 2021, around 2.4 million children between ages 12 months and 23 months may have not received the required three doses of IPV. An additional 600,000 children in 2022 and 2023 also may have missed out on vaccines. However, anyone at any age who is not fully vaccinated is at risk for the disease, said Huseynov.

The ECDC spokesperson added, *"Pockets of underimmunized or partially immunized populations have built over time due to multiple factors, ranging from hesitancy towards the vaccine (or specific vaccines contained in the combination vaccines usually administered), complacency towards the risks of contracting polio in the EU, as well as potential barriers in accessing the vaccine."*

Cause For Concern? *(cont'd from P10)*

Reducing Polio Risk

"The most important polio control measure is strengthening vaccination programs by ensuring high routine immunization coverage with IPV," Blomqvist said. "All children should receive the full series of polio vaccinations, and travel vaccination requirements for visitors to/from polio-endemic regions should align with international health regulations recommendations."

"Additionally, intensive surveillance is essential, including wastewater monitoring to detect silent transmission and rapid detection and investigation of suspected acute flaccid paralysis cases," she said.

Duizer noted that although the IPV used in Europe greatly reduces oral transmission of the virus, it does not affect the fecal-oral transmission route. He therefore recommended hand washing with soap and water (not ethanol products, which are not effective against nonenveloped viruses) after any contact with stool and before preparing food. Other pointers include flushing the toilet with the lid closed after defecating to prevent contamination from aerosol clouds, and frequent cleaning of toilet areas.

Fischer and Duizer reported having no relevant financial relationships.

Annie Lennon is a medical journalist. Her writing appears on Medscape, Medical News Today, and Psych Central, among other outlets. 🌟

WHO Executive Board Meeting

WHO Executive Board says emergency measures needed to stop polio

Global polio and health experts urge right geopolitical decisions to stop 'perfect storm' for poliovirus transmission and protect eradication

Source: polioeradication.org

- 7 February 2025

WHO Executive Board, Geneva, Switzerland, 7 February 2025 - Health ministries from around the world meeting at this week's WHO Executive Board in Geneva expressed serious concern about increasing wild poliovirus transmission in the last two remaining endemic countries, Pakistan and Afghanistan, noting that extraordinary measures were going on in response.

The year 2024 saw an increase in virus transmission in both countries, which share the last remaining endemic wild poliovirus reservoir in the world. WHO Member States commended the new emergency operational approaches being now implemented in both countries to turn the tide on this trend. These approaches include identifying the different operational reasons why children are not being reached, area by area; increasing co-administration of inactivated polio vaccine (IPV) alongside oral polio vaccine (OPV); boosting overall immunity levels in children; and, improving access to more adequate sanitation infrastructures.

These measures reflect the unique

environmental, geopolitical, programmatic and security challenges affecting both countries, which together essentially create an epidemiological 'perfect storm' for poliovirus transmission. These approaches must be underpinned by strengthened surveillance activities not just in highest-risk areas, but comprehensively across all areas of both countries, and doing more to protect polio-free areas, particularly in critical border areas, and among highly mobile population groups, in particular in three clearly identified 'virus transmission corridors' affecting both countries.

Speaking on behalf of the Eastern Mediterranean Region, Regional Director Dr Hanan Balkhy said: "I assure you, on behalf of our Region and the leaders of both endemic countries, our commitment to eradicating this virus is stronger than ever. We must reach and vaccinate every child and keep up a robust search for poliovirus, to stop further spread. Achieving this is far from simple. Pakistan and Afghanistan face immense geopolitical, infrastructural, environmental, and security challenges, creating what many describe as a 'perfect storm' for poliovirus transmission. Still, none of these challenges are insurmountable."

"In Gaza," Balkhy continued, "during a humanitarian pause last year, over 600,000 children were vaccinated against polio amid conflict - largely thanks to multi-actor, multi-level coordination and health and community workers' grit. If it can be done there, it can be done everywhere. Recently,

WHO Executive Board Meeting *(cont'd from P11)*

leaders and experts from both endemic countries convened to develop emergency measures. Together, they outlined concrete steps to reach every child, no matter the obstacles, to tackle this virus resurgence and protect them. We deeply appreciate the international community's steadfast support, and we ask for your continued assistance to get us across the finish line."

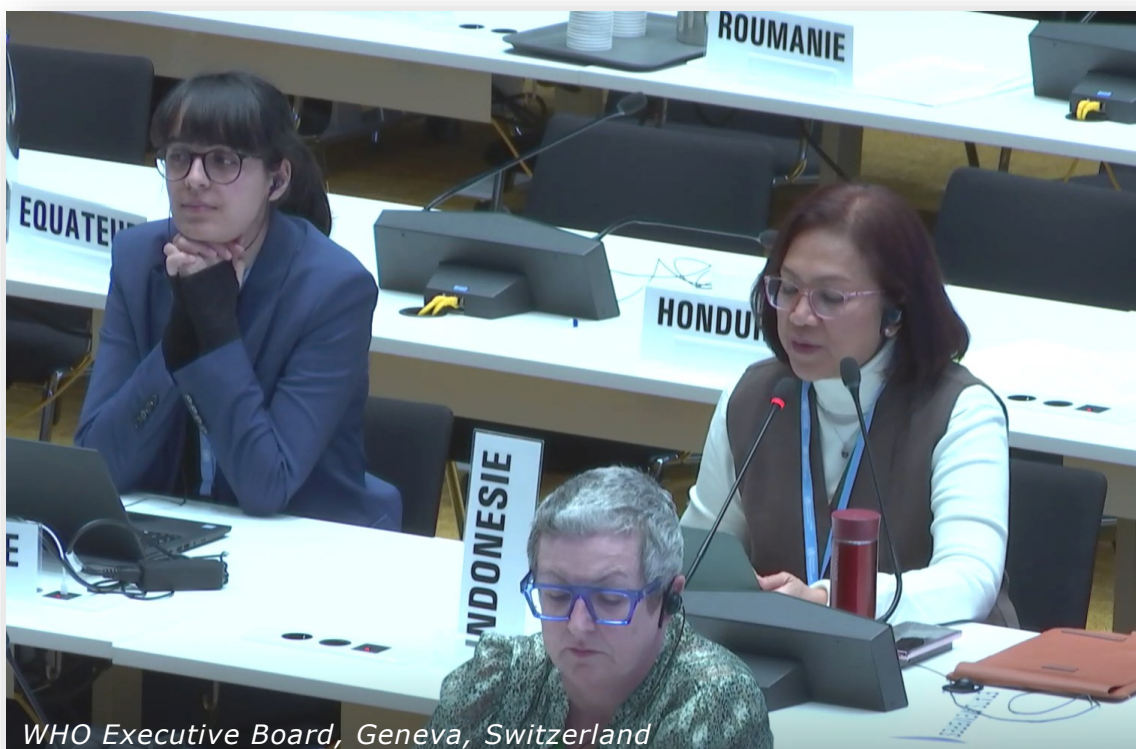
Member States expressed concern about the ongoing variant poliovirus outbreaks (circulating vaccine-derived polioviruses) and urged intensified response to stop these outbreaks, including by maximizing the impact of novel oral polio vaccine type 2. While the engines of transmission for such strains are now in clearly identified areas, namely northern Nigeria, eastern Democratic Republic of the Congo, south-central Somalia and northern Yemen, Member States underscored all countries remain at risk as evidenced by recent detection of such strains in environmental samples in five European countries.

"We all need to be very clear about one thing: the global effort to eradicate polio is no longer a technical issue," commented Dr Razia Pendse, WHO Chef de Cabinet to the Director-General. "Medically and technically, we have everything we need to achieve success. What we need, the only thing we need, is to be able to reach and vaccinate those last remaining children who are not yet fully vaccinated. And the answer to achieving this is entirely geopolitical."

The meeting also emphasized the importance of strengthening routine immunization services and disease surveillance everywhere, done in close coordination with all partners, including Gavi, the Vaccine Alliance.

Health authorities emphasized the importance of implementing all activities to not only achieve a polio-free world, but also to sustain it through integrating and successfully transitioning the polio assets, tools and infrastructure into existing national health systems and to help build strong, resilient and equitable health systems, and preparing for the post-certification era through intensified and accelerated containment activities and eventual cessation of oral polio vaccines use from routine immunization programmes. Successful development of an appropriate post-certification strategy will be critical to achieve this.

Closing the discussions, Rotary International, the civil society partner of the Global Polio Eradication Initiative, called for steadfast dedication to the effort. *"We have overcome every setback through collaboration and unity of purpose that is rare in our fragmented world,"* said Dr Pierre Hoffmeyer, Rotary International representative to the United Nations in Geneva. *"Let us all remain united and unwavering in our commitment to end polio."* 🌍



WHO Executive Board, Geneva, Switzerland

Polio Vaccines Saved America From The Disease

... what happens if we lose them?

By Tara Haelle / Edited By Lauren J. Young

Source: www.scientificamerican.com
— 30 January 2025

Polio, a disease that can cause lifelong paralysis, has been eliminated from the U.S. Experts fear a resurgence if lifesaving vaccines are revoked under the new administration.

Every aspect of Grace Rossow's life since she was around nine months old has been affected by polio. The vaccine-preventable gastrointestinal disease attacks the nervous system and can cause death or lifelong paralysis in severe cases. For Rossow, a 32-year-old surgery case coordinator in Springfield, Ill., the condition caused her to lose function in her entire left leg.

"Every time that I take a step, I have to think about it," she says. Her brain runs through every possibility: Is her leg going to slip out from under her? Is her knee going to buckle? Is she going to hurt herself? "It's almost like a mental triage," Rossow adds.

Rossow gets around using either her \$30,000 leg brace or a \$4,000 wheelchair. The medical gear is on top of 15 surgeries and other procedures that have cost more than \$1 million. But Rossow considers her situation "fortunate"; her adoptive parents brought her from India to the U.S., where she received health care that few polio survivors around the world can access.

There is no cure for polio. The only treatment available is supportive care. The most effective way to fight polio is the vaccine that prevents it—a tool that almost immediately began reversing the course of the disease in the U.S. Until the vaccine, polio outbreaks paralyzed more than 15,000 people, mostly children, annually but decreased to less than 10 a year in the 1970s. Experts say that the virus can return on a large scale, however. It wouldn't take much for the disease to do so and begin spreading the same terror it once did in U.S. communities more than a half century ago.

"I shudder to think about this," says Patsy Stinchfield, a pediatric nurse practitioner and immediate past president of the National Foundation for Infectious Diseases.

Currently, she says, the U.S. has a highly immunized population, good disease surveillance and a strong public health response to isolate cases that emerge. There has also been high uptake of a highly effective vaccine that uses an inactivated ('killed') virus; approximately 93 percent of U.S. children nationally are

vaccinated against polio by age two. But if those layers of protection change, "that's the recipe for a polio outbreak," Stinchfield says.

"It's pockets of the unimmunized that can bring diseases back." — Patsy Stinchfield, former president of the National Foundation for Infectious Diseases

Stinchfield is among the many public health experts who have concerns that the new Trump administration appointees might endorse policies and messaging that will weaken defences against an outbreak. Robert F. Kennedy, Jr., an environmental lawyer whom President Donald Trump has nominated to lead the nation's Department of Health and Human Services, has falsely "suggested that the polio vaccine cost more lives than it saved," as noted in the *New York Times*. In addition, one of his closest advisors, lawyer Aaron Siri, petitioned the U.S. Food and Drug Administration on behalf of the Informed Consent Action Network (ICAN) in 2022 to "withdraw or suspend" its approval of IPOL, the brand name for the standalone inactivated poliovirus vaccine (IPV) available in the U.S. (Although combination polio vaccines exist and were not the subject of the petition, they also contain IPV.)

Regardless of how the FDA ultimately responds, such petitions—including one from Siri, representing ICAN, to pause distribution of 13 other childhood vaccines—and related lawsuits can erode trust in vaccines, says Paul Offit, an infectious disease pediatrician and director of the Vaccine Education Center at Children's Hospital of Philadelphia. Kennedy and his team did not respond to requests for comment. Siri and his team also did not respond to a request for comment by the time of publication.

Trump has promised that people would not lose access to polio vaccines. But he's endorsed several other health-related appointees who have made past statements conveying doubt about different recommended vaccines. Trump's nominee for director of the Centers for Disease Control and Prevention—physician and former congressional representative of Florida David Weldon—has promoted inaccurate information about vaccines, including the widely debunked claim that they cause autism. Weldon and his team did not respond to a request for comment by the time of publication.

A resurgence in polio wouldn't just affect unvaccinated individuals. Risk for infection would spike for vulnerable groups, including babies too young to be vaccinated and the estimated 17 million immunocompromised adults who cannot be vaccinated or would remain susceptible despite vaccination.

Polio Vaccines Saved America... (cont'd from P13)

Pediatric vaccination rates took a hit during the COVID pandemic, when millions of missed routine doctors' visits lowered national immunization rates. Many families are now getting caught up on vaccines, but data shows that antivaccine misinformation that increased during the pandemic continues to counteract those gains in vaccine uptake. In the 2011–2012 school year, 1.2 percent of American kindergarteners nationwide had a nonmedical exemption from vaccines required for school, but that number has been rising. In the 2023–2024 school year, 3.3 percent of kindergarteners had an exemption—nearly all of which were nonmedical—from one or more vaccines required for school. The rate is the highest in recent history.

Any attempts to withdraw an FDA approval of a vaccine would need to prove it is not safe or not effective and would likely face manufacturers' lawsuits. But if Kennedy becomes HHS secretary, he would have broad powers over the CDC's vaccine messaging and policy, including the ability to revoke the agency's vaccine recommendations.

Why Polio Could Still Enter The U.S.

A population's protection against polio outbreaks is largely influenced by herd immunity—the threshold at which a large enough proportion of people are immune to a disease from vaccination or infection. A herd immunity level of about 80 percent is necessary to sustain protection against polio in a community, according to the World Health Organization. 🌐

Mitch McConnell Slams RFK Jr.'s Confirmation

By Lydia O'Connor

Source: www.huffpost.com — 13 February 2025



Former Senate Majority Leader Mitch McConnell (R-Ky.), the only Republican senator to oppose Robert F. Kennedy Jr.'s confirmation as health secretary, slammed the anti-vaccine activist as a "peddler of dangerous conspiracy theories" after Thursday's vote.

"I'm a survivor of childhood polio. In my lifetime, I've watched vaccines save millions of lives from devastating diseases across America and around the world," said McConnell, who's predicted to end his political career when his term ends next year.

Kennedy, now secretary of the Department of Health and Human Services, is notorious for spreading anti-vaccine propaganda, dismissing the abundance of science proving the safety and efficacy of immunization and repeatedly propping up the myth that vaccines cause autism.

In his remarks Thursday, McConnell dismissed Kennedy's characterization of himself as someone who's simply asking questions and advocating for more research.

"I will not condone the re-litigation of proven cures, and neither will millions of Americans who credit their survival and quality of life to

scientific miracles," Sen. Mitch McConnell said.

"Individuals, parents, and families have a right to push for a healthier nation and demand the best possible scientific guidance on preventing and treating illness," the Kentucky senator said. "But a record of trafficking in dangerous conspiracy theories and eroding trust in public health institutions does not entitle Mr. Kennedy to lead these important efforts."

Trump dismissed McConnell's comments, telling CNN's Kaitlan Collins that the Kentucky senator is a "bitter guy."

"He's not voting against Bobby. He's voting against me," Trump said. When asked if he was doubting McConnell's polio experience, Trump replied: "I have no idea if he had polio."

In his new role, Kennedy will have multiple avenues to rein in vaccine access and uptake, including by revising government vaccine advisories, requiring additional post-market studies on vaccines, sowing public distrust in immunization overall and weakening legal protections for vaccine makers.

McConnell — who contracted polio at two years old and credits the vaccine with saving him from a disease that once killed or paralyzed over half a million people each year — spoke out against Kennedy as a nominee shortly after a media investigation in December found that a lawyer helping Kennedy select top health officials for the new Trump administration had petitioned the federal government to revoke its approval of the polio vaccine for children.

The lawyer, Aaron Siri, may be up for a prominent job in Kennedy's HHS, The New York Times reported late last year. 🌐

Polio Vaccinators Risk Lives In Freezing Temperature

News Desk

Source: tribune.com.pk – 5 February 2025

Amid freezing temperatures, health workers in Azad Jammu Kashmir(AJK) are enduring harsh conditions to administer polio vaccinations following a surge in cases nationwide last year.

Pakistan and neighboring Afghanistan remain the only countries where polio is still endemic, with militants targeting vaccination teams and their security escorts for decades.

On the first day of this year's annual polio vaccination campaign, a police officer guarding vaccinators in northwest Pakistan was killed by militants. The campaign is set to last one week.

In Kashmir, health worker Manzoor Ahmad trudged through three feet of snow, braving temperatures as low as minus six degrees Celsius (21 degrees Fahrenheit) to deliver vaccinations. *"It's a mountainous, challenging area... we arrive for polio vaccination despite the snow,"* said Ahmad, who leads the campaign in the region.

Social worker Mehnaz, who has been assisting the vaccinators since 2018, highlighted the dangers posed by the extreme climate. *"We have no monthly salary... we come here despite glaciers and avalanches,"* she said. *"We risk our lives and leave our children at home."*

The challenge this year is greater, as Pakistan, with a population of 240 million, recorded at least 73 polio cases in 2024—an alarming increase from just six cases the previous year.

In Surgan, located 150 kilometers (90 miles) north of Muzaffarabad, health workers aim to vaccinate around 1,700 children within the week.

"Our target is to vaccinate 750,000 children under five across the country with 4,000 teams visiting homes," said Ahmad. *"There have been no polio cases in Kashmir for the last 24 years,"* he added proudly.

Polio is easily preventable with an oral vaccine, but misinformation from some Islamic leaders, falsely claiming the vaccine contains pork or alcohol, has hindered progress. Despite these challenges, health workers continue their vital mission to protect children from the crippling disease. 🌍



Polio This Week

Source: polioeradication.org — 24/02/2025

To see the full count of global circulating vaccine-derived (cVDPV) cases and environmental samples 2021-2025, click on the following link: <https://polioeradication.org/circulating-vaccine-derived-poliovirus-count/>

Data as of 24 Feb 2025

Global Wild AFP cases and environmental samples 2018-2025



Source Period Year	Wild virus type 1 confirmed cases										Wild virus type 1 reported from other sources ²								
	Full year total							01-Jan - 25-Feb ¹		Date of most recent virus	Full year total						01-Jan - 25-Feb ¹		
	2018	2019	2020	2021	2022	2023	2024	2024	2025		2018	2019	2020	2021	2022	2023	2024	2024	2025
Afghanistan	21	29	56	4	2	6	25	2	1	27-Jan-2025	86	66	43	1	22	62	119	18	9
Pakistan	12	147	84	1	20	6	74	1	3	06-Feb-2025	139	391	438	65	41	127	649	63	87
Islamic Republic of Iran																			
Malawi				1						19-Nov-2021		3							
Mozambique					8					10-Aug-2022									
TOTAL (TYPE 1)	33	176	140	6	30	12	99	3	4		225	460	481	66	63	189	768	81	96
Tot. in endemic countries	33	176	140	5	22	12	99				225	457	481	66	63	189	768		
Tot. in non-end countries				1	8							3							
No. of countries (infected)	2	2	2	3	3	2	2				2	3	2	2	2	2	2		
No. of countries (endemic)	2	2	2	2	2	2	2				2	2	2	2	2	2	2		
Total Female	18	72	59	2	10	4	43				2	3		1					
Total Male	15	104	81	4	20	8	56					8							

28 February 2025, Jerusalem/Amman/Geneva – A five-day mass polio vaccination campaign in the Gaza Strip concluded on Wednesday, reaching nearly 603,000 children under 10 years of age with novel oral polio vaccine type 2 (nOPV2) following comprehensive, simultaneous access to all five governorates during the ongoing ceasefire. The campaign was conducted as part of emergency efforts to end an ongoing poliovirus outbreak and prevent further spread in the Gaza Strip.

During this round, an additional 40,000 children were vaccinated as compared to the previous two rounds conducted in September and October 2024, after poliovirus was detected in the Gaza Strip. The ceasefire enabled health workers to reach more children who had missed vaccinations due to displacement during the phased approach, living in areas that previously required special coordination for access, or being unreachable during the October 2024 round due to insecurity in North Gaza, including Jabalia, Beit Lahiya, and Beit Hanoun.

Strong community engagement and awareness of vaccination benefits had maintained high immunization rates in the Gaza Strip, where 89% of children received the third dose of oral polio vaccine in 2023, before the conflict. This round drew upon 1,660 vaccination teams, 1,242 of which were mobile, and deployed 1,242 social mobilizers. Despite bad weather conditions, families welcomed the initiative and brought their children to points where they could receive the polio vaccine.

The campaign was conducted by the Palestinian Ministry of Health and implemented with support from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), and other partners.

WHO, UNICEF and partners continue to call for a lasting ceasefire that leads to long-term health and peace. 🌍



Source: polioeradication.org