



Polio Oz News

June 2025 – Winter Edition

So Long And Thanks For All The Memories ...

By **Maryann Liethof**

When I retired from paid work at the end of 2019, I imagined I was going to be enjoying lots of travel and fun activities. Who could ever have predicted the impact of Covid-19 on the world? I had also left the Polio Australia office in the hands of three very capable staff members to manage operations. Based in Queensland, Michael Jackson had just commenced his role as Clinical Educator, later joined by Paulette Jackson as Admin Officer.

Within the first couple of months into 2020, two of the office staff had left to pursue other work and I found myself closing the office and disposing of all the furniture – all during the harsh Victorian Covid lockdown. Steph Cantrill continued working from home as Community Development Worker until April 2022, and Devalina Bhattacharjee was employed in February 2022 to transition into the role, also working from home.

Following my retirement, I had committed to volunteer as an Independent Board member (i.e. not part of a state-based polio network) in the role of Secretary, in addition to continuing to edit *Polio Oz News*. And when Devalina commenced, I made myself available to provide guidance, as needed. Now, with Devalina's contract finishing up at the end of June 2025, I have decided that it is also time for me to bow out of my five plus years of volunteer work with Polio Australia.

Having worked with the post-polio community since 2004, I have made – and, sadly, lost – many good friends along the way. Since starting up Polio Australia's office in 2010, I have had steadfast support from its President, Gillian Thomas OAM, ex-President, Dr John Tierney AM (see P1 of *Polio Oz News* for [Autumn 2025](#)), and the [Board](#) – past and present. This was imperative at a time when I was the only paid staff member, and funding was extremely limited. The confidence they had in my abilities, as well as the autonomy I was granted, enabled and encouraged me to achieve the (often) seemingly impossible goals Polio Australia had in relation to representing Australia's post survivors. (For anyone who's interested, my article on Page 12 of the [2019 Summer Edition](#) of



Polio Oz News provides my working background.)

It must be said, none of these achievements came easy – everything has been a bit of a battle, really. However, through the sheer determination and persistence of all those involved, much of the early work continues today, providing a resource legacy that will continue for years to come, i.e.: Establishing [websites](#) and the [Polio Register](#); publishing the quarterly [Polio Oz News](#) (since 2011); intensive [government lobbying](#); organising annual [Retreats](#) in various states from 2010 to 2019; coordinating annual [Polio Awareness Month](#) events; producing books, videos, and other [resources](#); [2016 International Conference](#); facilitating [community information sessions](#) around the country; organising clinical practice information trials in [Victoria](#) and [New South Wales](#) – now an established [program](#); and the constant, grinding need for [fundraising](#) to pay for these initiatives and necessary staff.

As a small but national not-for-profit charity, Polio Australia doesn't have individual members. The Board and membership is made up of one or two volunteer representatives from the State-based Polio Networks, predominantly polio

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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“Winter is on my head, but eternal spring is in my heart”

~ Victor Hugo ~

Polio Australia's Websites

Dual Client & Clinician POST-POLIO HISTORY FORM [DOWNLOAD](#)



Polio Australia MEDICAL ALERT 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

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President's Report



By Gillian Thomas OAM
President

The end of this financial year brings with it a few changes for Polio Australia.

Firstly, as Maryann wrote about in her lead article this issue, she is stepping down from the Board at the end of June. Since retiring as our National Program

Manager in 2019, Maryann has continued to provide sterling service to Polio Australia through serving on the Board as Secretary, and through her continued publication of *Polio Oz News*. She has also been a font of knowledge and mentor to Devalina in her community development role.

Over the fifteen years that we have worked together, Maryann has been an integral and invaluable part of Polio Australia and has provided great support to the Board and to me. We are very sorry to see her go, but having the time and flexibility to smell the roses in other lands has always been her long-term goal. We wish her all the best in her second retirement, but know she will still keep polio survivors in Australia in her thoughts.

At our recent Board meeting, Bev Watson, representative of Polio Network Victoria, was unanimously elected as Secretary. Congratulations, Bev!

From The Editor



By Maryann Liethof
Editor

My final *Polio Oz News* has become a bumper edition! 24 pages of everything I found of particular interest which popped up in my in-box since the Autumn/March edition.

Of course, I have kicked off with my farewell to Polio Australia—because I can! The past 20+ years working with the post-polio community has definitely shaped the person I am today. I hope some incarnation of a newsletter is produced by Polio Australia in future, but I would envisage it as not being quite so 'dense'. I'm sure many readers would appreciate a far more streamlined approach to news dissemination—but I just couldn't seem to cull what I saw as really interesting issues that continue to make news. We are, indeed, "Still Here!"

Michael Jackson has put together a comprehensive list of research published on post-polio issues (p5). Nutritionist, Melinda Overall, has, once again, come up with the *Good Oil*, this time on cholesterol (p7), a condition which I'm sure many readers live with. The Australian Orthotic Prosthetic Association

With Maryann's departure, *Polio Oz News* will no longer exist in its current form. However, we will still bring you regular and important updates – more on this in the coming months.

Also leaving us at the end of June is Community Development Worker, Devalina Bhattacharjee. Devalina has been with us since January 2022 and over the last 3½ years has travelled across Australia delivering information sessions about the late effects of polio to polio survivors, their families and carers, as well as arranging and hosting popular monthly Zoom Chats. You can read more about Devalina's achievements in her final report on page 4. Thank you, Devalina, for your dedication to the cause and we wish you well in your future endeavours.

On the funding front, we have been fortunate to receive one year's funding from the Department of Health to help us continue to support the polio community. Negotiations about our proposed program are not yet finalised, but it will include a mix of in-person and online content. More information will be provided once the workplan is approved.

Besides this program, there is still much to do which receives no government funding. As the financial year draws to a close we once again seek your support in the form of tax-deductible donations to keep our work for you ongoing. See page 6 for all the details. 🌟

Gillian



(AOPA) is seeking advocates for access to orthotist service and equipment in relation to Aged Care (p9&10). There is new hope for people experiencing post-polio fatigue, with positive outcomes from trials of Coenzyme Q10 supplementation, as well as Immune Therapy (p11). The Aged Care Guide has recently published a series of relevant articles regarding Sleep and Ageing (p15), Concern About the Spread of Deadly Viral Infection (p18), and Vaccines with Unexpected Health Benefits (p21). How could I possibly chose?

Another piece of important information is the Polio Outbreak in Papua New Guinea (p16). This outbreak is probably the closest we've had to Australia, apart from Indonesia not that long ago. The low rates of immunisation in many countries, in addition to the ongoing problems with vaccine-derived polio virus, has triggered a rethink of how the vaccine to immunise against poliovirus is administered. I came across two articles on work being done by the University of Leeds and TechBio company, Evaxion, in Denmark (p22&23). Both approaches appear to be quite promising. The more options, the better, I say. There are also many other morsels for you to digest.

So, I do hope you enjoy my final offering. May we meet again some day. 🌟

Maryann

Community Programs 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 New South Wales and Western Australia, in the months of April and May, respectively. 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 sessions were 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 thus far been inexplicable, in addition to learning from the experiences of others.

By the time this edition is comes out, we will also have conducted three sessions in Cairns, namely in the City, Stratford, and Cairns North. Please check [this link](#) for more updates over the next few months.

Time has also come for me to bid Polio Australia goodbye! I have been in charge of the Community Development Section for the past three and a half years and it gives me a wonderful sense of accomplishment to note all the great work that we have been able to achieve together. These accomplishments include over 95 in-person sessions conducted all over Australia, over 66 virtual sessions that have included our Monthly Zoom Chats which have attracted polio survivors from all over the world and hosted the best and brightest of guest speakers and built an exemplary virtual community, in addition to our NDIS and My Aged Care chats, that have always been helpful to the attendees in getting their questions answered and doubts cleared. Since 2022, we have had over 150 new polio survivors join our Australian Polio Registry, with approximately 646 people having attended our in-person sessions and an average of 45 people attending our Monthly Zoom Chats regularly.

I thank each and every one of you for having been a part of this incredible journey and hope that all of you take very good care of yourselves now and forever. 🌟

Recent Post-Polio Published Research



By Michael Jackson
Polio Australia Clinical Health Educator

Over the past decade the rate of research published on aspects of post-polio conditions and the populations affected has averaged about one per month. In the last eight months this trend has moved in a positive direction – tripling – with 25 articles published. We hope that this is a sign of an amplified interest in and commitment to investigating post-polio.

As a progressive, chronic and post-viral health condition being experienced by about 20 million people worldwide, post-polio research now is as relevant as the development of the polio vaccine was 70 years ago.

In the polio epidemics era, the research focus was oriented to stopping polio transmission to save lives, and stop cases of paralysis. Today, the focus is to better understand;

a) the effects of chronic and progressive neurologic impairment, and

b) the approaches to mitigate functional loss from long term disability in ageing populations.

The benefits for interventional medicine is two-fold: post-polio research can advise those now experiencing or at risk for post-polio, and can establish knowledge and pathways to serve those experiencing post-viral and neuromuscular conditions in the future.

Our advocacy work aims to improve the post-polio health literacy of populations who contracted polio, and to improve the post-polio care quality provided by medical and health professionals. This article highlights what is obvious to Polio Australia, its state members, and those we represent: It feels like we are still scratching the surface of what there is to understand about many aspects of the long term effects of polio infection.

We urge those in government, community, and philanthropic positions to recognise and support the important research and education programs persistently sought by the post polio community in Australia, and Internationally.

What follows on page 5 is a summary of the topics covered, and titles of, these most recent 25 research articles. 🌟

Published Item Title	Author and Year	Link
Physiology and Symptoms		
Advancements in Clothing Thermal Comfort for Cold Intolerance.	Abuhay et al. 2025.	(Link)
Bone biomarkers in post-polio clinic patients.	Madaini et al. 2025.	(Link)
Generalized Fatigue: Why Post-Polio Syndrome Should Be Included as A Differential Diagnosis. (Letter to Editor)	Saleem et al. 2024.	(Link)
The presence of unknown polio engagement confirmed by electromyography and muscle testing.	Al-Najjar et al. 2025.	(Link)
Usefulness of Electromyography to Predict Future Muscle Weakness in Clinically Unaffected Muscles of Polio Survivors.	Sawada et al. 2025.	(Link)
Population		
Changes in self-perceived performance and satisfaction with performance of daily activities following interdisciplinary rehabilitation in people with late effects of polio.	Appelin et al. 2024.	(Link)
Ageing successfully with a physical disability: the views and experiences of people ageing with spinal cord injury or post-polio syndrome.	Heath et al. 2025.	(Link)
Polio Survivors' Experiences of Acute Phase Care After the Isolation Phase in the 1950s and 1960s in Finland.	Elmoaa-Krapu and Kaunonen. 2025.	(Link)
Survey of changes in subjective symptoms among Japanese polio survivors over 10 years.	Toda et al. 2025.	(Link)
Post-polio hospital admissions in Australia over a 10-year period: An observational study and analysis of trends by month, location, and comparable conditions.	Lathlean et al. 2025.	(Link)
Correlation Between Family Support and Self-Efficacy Among Paralytic Polio Survivors at Paraplegic Centre Hayatabad Peshawar Kpk.	Ullah et al. 2025.	(Link)
Changes in self-reported impairments over 10 years in people with late effects of polio and associated factors: A longitudinal cohort study.	Brogardh et al. 2025.	(Link)
Challenges Linked to Post-Polio-Paralysis in Khyber Pakhtunkhwa Region.	Khan et al. 2024.	(Link)
Disability and Grief: Lived Experiences of Social Support in Polio Survivors in Punjab.	Nasif and Safdar,2024.	(Link)
Care		
Activity and participation among people with Late Effects of Polio admitted to comprehensive rehabilitation.	Appelin. 2024.	(Link)
Functional Rehabilitation of a Neglected Foot Deformity: An Interesting Case Report.	Badhal and Matthew. 2025.	(Link)
Individual Responder Analysis of the International Randomized C-Brace Crossover Study. (Abstract within LOWER-LIMB ORTHOSES)	Kannenberget al. 2025.	(Link)
Surgery and Anaesthesia		
Optimizing Anesthesia Care in Post-Polio Syndrome.	Amcheslavsky et al. 2025.	(Link)
Review of the anaesthetic management of patients with post-polio syndrome.	Henry et al. 2025.	(Link)
Anterolateral thigh flap harvested from paralyzed limbs in post-polio syndrome for tongue reconstruction-a case report and a review of the literature.	Du et al. 2025.	(Link)
Total knee arthroplasty in patient with poliomyelitis sequelae: maintaining a recurvatum is associated with better mid-term functional results.	Rougereau et al. 2024.	(Link)
Polio survivor with Supracondylar Femur Fracture: Case Report 2024 Ang et al. 2025	Ang et al. 2024	(Link)
Unusual presentation of polyethylene tibial fracture in a polio patient: a case report.	Alsheikh et al. 2025.	(Link)
Arthroscopic Ankle Fusion in the Post-Polio Paralytic Foot.	Meleppuram et al. 2025.	(Link)
Tailoring the approach: Management of femur fractures in post-polio syndrome patients.	Venkatesan et al. 2025.	(Link)

End Of Financial Year

Help Us Support Australia's Polio Survivors

As we approach the end of the 2024-2025 financial year, we want to thank you for standing with Polio Australia and the thousands of polio survivors across the country.

Your generosity today ensures that vital programs continue for polio survivors and their health professionals.

Your donation will help us:


- Conduct more educational workshops for polio survivors and their health professionals.
- Develop on-demand post-polio training modules for health professionals.
- Print and distribute essential post-polio resources for people affected by polio and healthcare providers who manage post-polio conditions.
- Support the operational costs that keep our organisation running smoothly and effectively.

We are committed to keeping our programs and projects available for those living with the late effects of polio - a condition too often overlooked.

There is still time to make a tax-deductible donation before 30th June. Every contribution, big or small, helps us continue our mission to improve the health and well-being of Australia's polio community.

To donate, please visit our donation page at www.polioaustralia.org.au/donations-bequests, or send a cheque to PO Box 2799, North Parramatta NSW 1750.

Thank you for being part of our journey. Together we're reminding the world: ***We're Still Here.***



Polio Australia
Representing polio survivors throughout Australia

END OF FINANCIAL YEAR APPEAL

100% of your donation to **Polio Australia** supports vital programs for polio survivors and their health professionals.

We are committed to keeping our programs and projects available for those living with the late effects of polio - a condition too often overlooked.

With limited government funding, we rely on your support to keep these essential services running.

Every donation makes a difference

[DONATE NOW](http://www.polioaustralia.org.au/donations-bequests/) → www.polioaustralia.org.au/donations-bequests/

Donations can be made by:

1. Clicking on the **images** or **donate** button in this email
2. Sending a cheque to PO Box 2799, North Parramatta NSW 1750

So Long And Thanks For All The Memories ... (cont'd from P1)

survivors themselves. This structure has come with its own challenges, as the years go by. But Polio Australia has always punched above its weight, and will continue to support Australia's polio survivors through information and education-based initiatives into the foreseeable future.

Over the past couple of years, I have been getting more involved with my local University of the Third Age (U3A), which can be found across Australia. I would encourage anyone seeking to broaden their horizons to take a look at what U3A has to offer. When I was putting together the annual Retreats, I would often contact the U3A organisations close to venue in order to find tutors who might be prepared to run a workshop. Most of the tutors I contacted were very generous with their time and we had some wonderful sessions over the years. All U3A operations and classes offered are different as they are run by volunteers. Whilst I participate in various classes, I have also put together a weekly 'Dancercise' class, which has proven very popular. I am finally having the fun, as well as the travel opportunities I was looking forward to at the end of 2019!

My life has been greatly informed and enriched by my work with the post-polio community over the past 20 plus years. As such, there is no 'end-date' to my commitment to spreading the word that "We're Still Here!".

The Good Oil On Cholesterol

By Melinda Overall

Certified Practicing Nutritionist / Counsellor / Educator

www.overallnutrition.com.au

A note before you read ahead: *If you are taking cholesterol lowering statins, do not change the dose or stop taking them without discussing this with your GP or cardiologist.*

No doubt you have all warned about having elevated cholesterol levels in your blood. Some of you may have been prescribed cholesterol-lowering statins to help reduce those levels. The reason that cholesterol needs to be managed is that it has been found in the atherosclerotic plaques (fatty build-ups) in arteries.

Arteries are the larger blood vessels that take oxygenated blood from our hearts to the rest of our body. When atherosclerotic plaques develop they narrow the space in the arteries through which blood flows, and this can increase pressure on the artery walls and increase blood pressure. This in turn can increase the risk of developing cardiovascular disease including heart attack and stroke.

Cholesterol is essentially an umbrella term for a group of fats that are found in blood and it's important to remember that cholesterol isn't all bad though. Cholesterol is used to make hormones, vitamin D and other substances in our bodies. There are different types of cholesterol that have different jobs to do.

You may have heard your doctor refer to 'good', 'bad' and 'total' cholesterol. 'Total' cholesterol is a measure of both the good and bad cholesterol in your blood. 'Good' cholesterol refers to high-density lipoprotein (HDL) and 'bad' cholesterol is low-density lipoprotein (LDL). LDL is a transport agent, taking cholesterol from the liver to various parts of the body where cholesterol is

needed. HDL is akin to a clean-up crew that helps to bring cholesterol back to the liver for disposal. Low HDL and high LDL levels have been associated with greater risk of disease development [1].

You should also talk to your doctor about your triglyceride levels. Triglycerides are another fat found in the blood and elevations of triglycerides can increase your risk of heart disease too [2]. Elevated triglycerides and cholesterol work together to increase your disease risk.

For a long time, there were blanket nutritional recommendations made in an effort to lower and maintain cholesterol. Commonly, these were to *restrict egg consumption, to consume low fat dairy products and to eat rolled oats*. But nutrition and cholesterol are complex and require a more nuanced approach. In fact, there have been shifts in the recommendations from global Heart Foundation in recent years.

Common Recommendations

Dairy: Whilst the Australian Heart Foundation still recommends consuming of reduced fat dairy if a person has elevated cholesterol or known heart disease, the general recommendation is for people without heart disease to consume full-cream milk, cheese and yoghurt. This is because research has shown that consumption of these foods for people without heart disease can have a positive health effect and, at worst, a neutral health effect [3].

Eggs: Eggs were considered on the 'no go' list for many years, with recommendation of limiting egg consumption to just 3 eggs a week. This was because the egg yolk is high in cholesterol. Recent research, however, has indicated that for people with high cholesterol or heart disease egg consumption up to 7 eggs per week is unlikely to be detrimental. This is because it is now better

The Good Oil On Cholesterol ... (cont'd from P7)



understood that cholesterol from food is less likely to impact blood cholesterol levels than the cholesterol we make in our livers [4].

Oats: Rolled oats contain soluble fibres called beta-glucans. These fibres help to increase the viscosity of the gastrointestinal tract thus inhibiting cholesterol absorption. Regular consumption of oats can decrease total cholesterol, LDL and triglycerides, whilst increasing HDL levels [5].

Where are we now?

So, eggs and full cream dairy have a place in a well-balanced healthy diet [4]. Butter and cream should still be occasional treats only [3]. Oats have a functional role in reducing heart disease risk [5] – but eat traditional oats not the highly refined instant, flavoured oats.

There is still more we can do through nutrition and lifestyle:

- Eating foods high in fibre helps to keep our gut-microbiome healthy which in turn plays a role in managing our cholesterol levels [6]. Consume 5-7 servings of vegetables and 2 servings of fruit daily and choose wholegrain complex carbohydrates for plenty of fibre.
- Introduce avocado, olive oil, almonds, hazelnuts, walnuts, barley, oats, tomatoes, turmeric and some green tea to your diet to help reduce cholesterol levels [7]
- Reduce your coffee intake [7]
- Reduce your sugar intake [7]
- Increase your exercise, movement, physical activity as you can tolerate [8]
- Reduce alcohol consumption [9]
- Quite smoking as smoking has been shown to elevate total cholesterol, LDL and triglyceride levels [10]
- Develop strategies for stress management including meditation which has been shown to reduce triglycerides and cholesterol levels [11]

Even if you are taking statins, then implementing the above recommendations can still be helpful and you might find that you have even better managed cholesterol. Let your doctor know about the changes you've made so they can monitor your cholesterol and triglyceride levels.

To finish this quarter, I'd like to give a huge heartfelt shout out to recognise Maryann Liethof for her 5-plus years of volunteer work with Polio Australia and *Polio Oz News*, and her 21 years of working with Polio survivors. I wish her all the best as she steps away and into a well-earned retirement. Thank you for all you have done, Maryann.

Eat well, stay well. 🍌

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No Place Like Home Unless You Need Orthotic Care

By Diana Poole
Chair, AOPA

Unless action is taken, the exclusion of orthotists and orthoses from the Support at Home program will diminish rather than improve access to services to help older people remain at home, writes Diana Poole.

Source: www.australianageingagenda.com.au
– 4 May 2025

The Support at Home program is to replace Home Care Packages, aiming to streamline the process and improve access to services. Unfortunately, unless action is taken, the exclusion of orthotists and orthoses from the new program will have the opposite effect for some vulnerable Australians.

Certified orthotists and prosthetists are tertiary qualified professionals who must uphold stringent standards and participate in continuing professional development. We are entrusted with the privilege of keeping our clients as independent and mobile as possible.

We use our expertise to assess clients and prescribe, design, manufacture, fit and maintain assistive technology. We are an integral part of the healthcare team and work closely with other professions to plan and undertake interdisciplinary care.

The previous program supported older Australians to remain at home, rather than enter residential aged care. We ensure that clients

with significant disabilities such as post-polio syndrome, Parkinson's disease and post-stroke paralysis can live at home despite major mobility challenges.

This is possible because orthoses are accessible through the Home Care Package program. Orthoses allow older people to maintain independence and participate in activities such as personal care, cooking, cleaning, socialising and accessing their local community.

I am not only extremely concerned about the exclusion of orthotists from the new Support at Home program, but also that some orthoses have been left off the assistive technology list.

The assumption may be that state-based schemes will pick up the slack. However, many of these schemes have been underfunded for decades.

Older Australians – many of whom have had to survive on welfare because of their disabilities – have needed to fund large gaps of many thousands of dollars.

The introduction of My Aged Care and the National Disability Insurance Scheme was a monumental step forward, revolutionising disability care for Australian orthotic users. But this progress is in danger of being undone.

The proposed changes will not only impact the care and dignity of older Australians but exacerbate inequalities. I fear that under the new Support at Home program, we will move backwards, and more older Australians will find themselves unnecessarily in residential care. 🌟

Join Us for an Inspiring Film Event – Free Entry!

We're excited to invite you to a [free screening event](#) as part of the **17th Annual Focus on Ability Short Film Festival** – a celebration of creativity, inclusion, and the power of storytelling. (From 2 September 2025)

What's on offer?

You'll watch a hand-picked selection of short films from around the world, all created to shine a light on the abilities of people with disability. These powerful and often moving stories have been created by students, emerging filmmakers, and professionals—many of whom may even be local to your community!

Why attend?

- Be inspired by real stories that break stereotypes
- Support local and international filmmakers
- Great for students, families, teachers, and community groups
- It's 100% **free** – just bring your curiosity and open heart!



Free Entry – Everyone Welcome!

Whether you're a student, teacher, parent, or film lover—this event is for you. Come and see how film can change perspectives, spark conversations, and celebrate ability. Is your city not on the list? Send us an email requesting an event in your local area. If we can raise enough interest we will add it to our screenings list.

[FULL CALENDAR OF EVENTS](#)

The Aged Care Act

Source: www.aopa.org.au/documents/item/1575

AOPA (The Australian Orthotic Prosthetic Association) is pleased that the Australian Government has delayed the commencement of the Aged Care Act 2024 until 1 November 2025. This allows more time to fine tune the rules and for providers to get ready for the changes, ensuring that older Australians can access the care that they need. What has AOPA been doing to advocate?

At the start of May, AOPA met with the Directors of the Support at Home Program and the Assistive Technology and Home Modifications List ([AT-HM list](#)) was updated on 29 May. This is a positive step forward as most lower limb orthoses previously appeared on the exclusion list. They no longer appear on the exclusion list, but they have not been added to the inclusion list. Therefore, funding for most lower limb orthoses is still not available through the Support at Home Program coming into effect from 1 July 2025.

Additionally, the Directors have written to advise that '... the AT-HM list does not use the [Support at Home service list](#) to define who can prescribe assistive technology and home modifications. This will happen in the Aged Care Rules 2025, which are currently being finalised...'

AOPA is cautiously optimistic that the finalised Aged Care Rules 2025 will clearly state that Certified Orthotists/Prosthetists are practitioners who can prescribe assistive technology in the SaH Program.

Furthermore, AOPA understands that the Department will implement a review process, however, it is unknown when or how this review will occur.

During the month another publication appeared in the media in the hope that the temperature on this issue would be increased. Chair of the AOPA Board, Diana Poole, penned a strong advocacy piece for the profession titled, "No Place like home unless you need orthotic care" (Page 9). ●

WE ARE LOOKING FOR POLIO SURVIVORS WHO

- Use Aged Care
- Might use the *Support at Home* program
- Have or might use an orthotist
- Use AFOs or KAFOs
- Would like to advocate for access to orthotist services and equipment

 contact@polioaustralia.org.au

Fatigue: Effectiveness Of Coenzyme Q10 Supplementation

Effectiveness of Coenzyme Q10 Supplementation for Reducing Fatigue: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Authors: I-Chen Tsai, Chih-Wei Hsu, Chun-Hung Chang, Ping-Tao Tseng, Ke-Vin Chang

Source: pubmed.ncbi.nlm.nih.gov/36091835/ – 2022

Abstract

Coenzyme Q10 (CoQ10) is a popular nutritional supplement, an antioxidant and an essential component of the mitochondrial electron transport chain. Several clinical studies have suggested that fatigue can be reduced by antioxidant supplementation.

However, the data on this topic has been sparse to date. Hence, we conducted this meta-analysis with the aim of investigating the effectiveness of fatigue reduction via CoQ10 supplementation. More specifically, we searched electronic databases for randomized controlled trials (RCTs) published from the database inception to January 2022.

A random effects model was implemented to conduct the meta-analysis among 13 RCTs (with

a total of 1,126 participants). As compared with the placebo groups evaluated in each RCT, the CoQ10 group showed a statistically significant reduction in fatigue scores (Hedges' $g = -0.398$, 95% confidence interval = -0.641 to -0.155 , $p = 0.001$).

The directions of the treatment effects were consistent between the healthy and diseased participants. Compared with the placebo group, the effect of reducing fatigue was statistically significant in the subgroup using the CoQ10-only formulation but not in the subgroup using CoQ10 compounds.

The results of our meta-regression demonstrate that increases in the daily dose (coefficient = -0.0017 per mg, $p < 0.001$) and treatment duration (coefficient = -0.0042 per day, $p = 0.007$) of CoQ10 supplementation were correlated with greater fatigue reduction. There was only one adverse (gastrointestinal) event in the 602 participants who underwent the CoQ10 intervention.



Based on the results of this meta-analysis, we conclude that CoQ10 is an effective and safe supplement for reducing fatigue symptoms. 🟡

Post-polio Immune Therapy Aces Human Trials

By Paul McClure

Source: newatlas.com – 15 March 2025

Recent human trials of a new one-year-long immune-based treatment for post-polio syndrome, which can strike polio survivors years after the initial infection and be very debilitating, have produced positive results.

Caused by a highly contagious virus, [polio](#) primarily infects the brain and spinal cord. While many people infected with poliovirus remain asymptomatic or experience mild symptoms, in some cases it can lead to paralysis, difficulty breathing, and even death.

Post-polio syndrome (PPS) affects between [25% and 40%](#) of polio survivors years after the initial infection. It's characterized by new weakening in muscles previously affected by polio, as well as seemingly unaffected muscles. While there's currently no treatment other than symptom management, a recent clinical trial evaluating the effectiveness of a novel treatment for PPS has produced positive results.

"This study is great news since it proves that the ongoing decline in physical functioning due to post-polio syndrome, which was so far

considered inevitable, can be halted, and even be improved," said [Professor Dr Frans Nollet](#) from the Department of Rehabilitative Medicine at the [University of Amsterdam's Academic Medical Center](#) (AMC), and one of the study's principal investigators. *"That is positive for all polio survivors, who are confronted with increasing disabilities as they age and for whom no effective medication was yet available."*

[Grifols](#), a global healthcare company and leading producer of [plasma-based medicines](#), developed the novel intravenous immunoglobulin (IVIG) treatment called Flebogamma 5% DIF. IVIG involves injecting a concentrated solution of antibodies into a vein to boost the recipient's immune system's ability to fight infections and reduce inflammation.

The investigators recruited 191 participants for the [clinical trial](#), the goal of which was to see if the treatment helped people with PPS improve their physical ability and if it was safe. In most (95%) of the participants, their legs were most impacted by PPS. The principal test used by the investigators was the two-minute walk distance (2MWD) test, which measures how far someone can walk in two minutes. It's a good way to test strength, endurance, and mobility.

Post-polio Immune Therapy Aces Human Trials *(cont'd from P11)*

People who received Flebogamma 5% DIF injections once a month for 12 months walked an average of 12.75 m (41.8 ft) farther compared to how far they could walk before treatment. Compared to the placebo group, the IVIG walked an extra 6.07 m (20 ft) on average. The trial investigators also checked patients' performance on the six-minute walk distance (6MWD). Those in the IVIG treatment group walked an extra 29.16 m (95.7 ft) compared to where they started, which was 15.8 m (51.8 ft) farther than the placebo group.

The treatment was found to be safe and well-tolerated. The most common adverse reactions to Flebogamma 5% DIF, reported in at least 5%

of adult trial subjects, were headache, fever, pain, infusion site reactions, diarrhea, chills, and hives.

"These results show a meaningful physical accomplishment, providing patients with more freedom of movement and the ability to be more self-reliant," said Dr Jörg Schüttrumpf, Grifols Chief Scientific Innovation Officer. *"Grifols is committed to increasing the range of indications of its plasma-derived medicines and other biopharmaceuticals to benefit more patients globally and make a real positive difference in their lives."*

Note, the trial results have not yet been peer-reviewed or published in a scientific journal. ●

The Sister Kenny Method

By [Susan L. Schoenbeck, MSN, RN](#)

In 1940, Elizabeth Kenny (1880-1952) arrived in America from Australia with what was described as a "controversial" approach to polio patient care. Whereas treatment in the United States focused on immobilization, splinting, and bracing of affected limbs, nurse Kenny targeted reducing muscle spasms and increasing muscle strength.

Sister Kenny demonstrated that the application of warm, wet, wool compresses, stretching, and massage eased painful muscle spasms. In addition, she advised passive movement of polio-affected limbs to regain muscle strength.

Kenny was not a trained nurse. She served as a "Sister," a title given to a chief nurse in the Australian military for her service nursing soldiers during World War I. She developed her treatment for polio survivors from her experience treating soldiers with meningitis.

When she came to the United States, doctors in New York and Chicago refused to accept her methods. They questioned her theories and lack of formal medical training. However, in Minnesota, Kenny found that The Mayo Clinic, the University of Minnesota, and Minnesota General Hospital were interested in her work.

In 1942, The Elizabeth Kenny Clinic in Minneapolis began providing treatments that Sister Kenny advocated for polio patients. These therapies helped begin a new field of medicine called rehabilitation medicine.

During the early 1940s, many physicians and parents adopted The Kenny Method or variations of it. Most physicians did not agree with Kenny's theory that polio was a muscle not a nerve disease, but doctors used her treatment methods because they recognized that they brought about improvements in patients.

Children being treated with The Kenny Method cried out in pain as paralyzed muscles were moved and stretched. But their parents continued asking that the method be used because they felt it helped recover their child's functioning. Sister Kenny treatment centers were opened throughout the United States. ●

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U of A Student Uses AI To Identify Accessibility Barriers

By Leo Cruzat

Source: edmonton.citynews.ca – 23 April 2025

A grad student of U of A co-develops an app that helps people with limited mobility identify barriers around the campus using AI. As our Leo Cruzat reports, Andres hopes that this will make Canada barrier-free.

An Edmonton man is hoping to make the city more accessible for those using mobility aids like power wheelchairs, all thanks to artificial intelligence.

Arne Andres has used a power wheelchair for over a decade after a car accident in 2015 added to his polio-related mobility challenges.

"Polio is a deteriorating disease; we call it post-polio syndrome, but because of the accident, it came early, and now, because I'm on a powered wheelchair, I will have to make an adjustment to what I do every day," said Andres.

The University of Alberta grad student says when he moved to Canada from the Philippines, he found it easier to get around. But says Canada is not perfect when it comes to accessibility.

He still faces challenges riding a transit and even getting around campus, but is now using his experience to develop a new app that identifies barriers others may miss.

Atlas uses AI to scan pictures and videos to highlight barriers, like bumps or gaps, even able to help someone in real time using a GoPro during Edmonton's changing season.

"Look at this girl struggling so much on the



Arne Andres, who is looking to make the city more accessible using A.I.
(Photo Credit: Leo Cruzat, CityNews)

snow. So the app will really help her find an alternative route," said Andres.

The app was developed with the help of start-up 'click n push', hoping the technology could help people plan ahead.

"So that they could avoid them and maintain their independence and autonomy in getting around as smoothly as possible," said Martin Ferguson-Pell, a founding member of Click & Push Accessibility Inc.

The implementation of A.I. is set to launch by the end of the year, and the app is now available through the Click & Push website. Andres wants to help make Canada more accessible. 🌟

Post-Polio India: Empowering Polio Survivors

By Neena Bhandari

Source: <https://postpolio.in>

Welcome to Post-Polio India. It is my endeavour to connect, support and empower the hundreds and thousands of children and adults living with polio, their families and health professionals in India and beyond. It is also to draw the attention of governments in developing countries to invest in health care of ageing polio survivors.

Many adults, like [myself](#), who contracted the disease as a child decades ago, are experiencing the debilitating Post-Polio Syndrome [PPS] or Late Effects of Polio, whereby they are facing muscle weakness, fatigue, joint and muscle pain, intolerance to cold, and difficulties in sleeping, breathing or swallowing. In the developed countries, the main advocates for those battling the new challenges of PPS have been grassroots groups of polio survivors.

Together, we can work towards enhancing the lives and independence of polio survivors by learning from each other's experiences and adapting solutions to suit our own cultural and socio-economic needs.

Today there is prevention against polio, thanks to the global immunisation drives; lighter and more effective callipers or braces, electric scooters and power-operated wheelchairs, accessible public spaces and a stronger than ever worldwide campaign to globally eradicate polio, even as a cure remains a cherished dream. 🌟

Doc Holiday Answers Your Questions About Accessible Travel

By [Dilvin Yasa](#)

Source: www.escape.com.au – 28 October 2024

Escape's travel expert Doc Holiday answers your top questions about travelling by land, air and sea when you or a family member have a disability.

There's nothing that gets me excited about travel quite like reading emails from those who share my passion – doubly so when it's an email from a reader who refuses to let disability get in the way of their next great adventure.

Given the number of emails we've received on this topic, we've put together our first Doc Holiday Special Report on it, with each question representing some of the most commonly asked.

My wife and I are in our late 60s and looking at taking our first cruise. What will accessibility on these ships be like? Will I struggle with a wheelchair?

How are you looking for 2026 and beyond? I ask because although cruise ships offer accessible rooms, they are limited and tend to book up quickly. If you wanted something a little earlier, all hope is not lost. Although most modern ships have at least a dozen or more wheelchair-friendly rooms, your best bet is to look at the newer vessels of cruise lines such as MSC (which offers the greatest number of accessible cabins of any cruise line), Royal Caribbean, Celebrity Cruises, Princess Cruises and Holland America Line, which all feature at least a couple of dozen. As a rule of thumb, the newer and larger the ship, the more wheelchair-friendly its rooms and public spaces will be.

Shine On Recognitions

'The [Rotary International Southern Districts Shine On Recognitions](#) are all about celebrating incredible people with disabilities who quietly make a big difference in their communities. These are the everyday heroes who, despite tough challenges, show strength, kindness, and determination—and inspire everyone around them.

It started in Brisbane back in 1993, thanks to Past President Bernie Jacks (OAM, PHF) from District 9600. What began as a local idea quickly grew, with Rotary clubs across Australia nominating amazing individuals. By 1997/98, it had found a new home in Victoria, thanks to the dedication of Jack and Dawn Watson and Rotary Moonee Ponds.

Since 1999, a passionate team of volunteers and generous sponsors has kept the program going strong. There are two groups recognised—Youth and Adults—but what they all share is an

I'm assuming you have a rough idea of where you'd like to go, but I urge you to take a close look at itineraries of interest, noting the ports where the vessel is docking, whether tenders are to be used at any point, and if any accessible shore excursions are offered.

Royal Caribbean, for example, offers a range of accessible shore excursions across northern Europe, the Mediterranean, the Caribbean and Bermuda, as well as a vast variety around Australia. MSC Cruises also has a solid range of accessible shore excursions in ports across the globe.

Chat to the cruise lines before you book and remember there's also the option of organising private shore excursions through operators such as [Accessible Tours](#) and [Accessible Experiences](#). If you're cruising in Europe or the Caribbean, [Sage Traveling](#) lists over 300 accessible tours in more than 60 destinations. 🌍

www.escape.com.au/travel-advice/accessible-travel-your-questions-answered/news-story/0d7ada0cfd40d45dc5b5831b5746ff



incredible ability to rise above challenges and make life better for others.

In 2017, the name changed from "Awards" to "Recognitions," a small but meaningful shift that better reflects the spirit of the event.

Each year, usually in April or May, the ceremony brings people together to celebrate these stories. Every nominee receives a Certificate of Commendation, and a few receive special recognition from an expert panel.

At its heart, Shine On is about seeing what's possible—and celebrating people not for their disability, but for their drive, heart, and impact.'

This year's Shine On Recognitions ceremony was hosted by the Rotary Club of Geelong East at Deakin Waterfront Pantry in Geelong with 70 people in attendance. The guest speaker was PA's VP [Gary Newton](#). 🌍

Sleep And Ageing

by David McManus

Source: www.agedcareguide.com.au
— 16 June 2025

The sleep epidemic troubling older Australians — what's behind it?

While it's common to think poor sleep is just part of ageing, ongoing sleep difficulties can seriously affect our health, well-being and daily functioning. For older people, especially those with chronic health conditions, such as post-polio syndrome, understanding and managing sleep is essential. Fortunately, some strategies and treatments can help improve sleep quality and reduce health risks.

Sleep and ageing

The Sleep Health Foundation [fact sheet](#) on this topic notes that older adults generally need the same amount of sleep as younger adults — around seven to nine hours per day — but how they sleep changes. Many find it takes longer to fall asleep and that they wake up more during the night. Deep sleep becomes shorter and naps during the day become more common. These changes are partly due to the body's internal clock shifting with age and a decrease in melatonin, the hormone that helps us sleep. Sleep disorders such as sleep apnoea and insomnia are also more frequent, affecting nearly half of older adults. Health issues like arthritis, heart and lung disease, depression and dementia can interfere with sleep, as can the medications used to treat them. Lifestyle habits, like consistent sleep routines, exposure to sunlight, exercise and limiting long daytime naps, can help improve sleep quality.

Sleep and chronic conditions

In Australia, nearly half of adults report having at least two sleep-related problems according to the [Australian Institute of Health and Welfare](#). Poor sleep is linked to serious health conditions like type 2 diabetes, cardiovascular disease, stroke and depression; both too little and too much sleep increase these risks. Insomnia is more common in women, while obstructive sleep apnoea — where breathing stops briefly during sleep — is more common in men. People aged 65 and over are more likely to experience longer sleep, but poorer quality. Sleep problems become more frequent in people with multiple chronic health conditions, such as arthritis or hypertension. Despite how common these issues are, many sleep problems go undiagnosed. If you have ongoing sleep troubles, it's important that you talk to your doctor.

The cost and consequences of poor sleep

Poor sleep doesn't just affect individuals — it's a national issue also identified in the [AIHW 2021](#)



Photo: This epidemic is affecting older people in drastic ways. [Source: Shutterstock]

[report](#) on this topic. The economic cost of sleep disorders in Australia is estimated at over \$51 billion per year. Sleep problems increase the likelihood of chronic diseases, mental health issues, road and workplace accidents and early death. People living with a disadvantage or chronic illness, those without a partner and older Australians are more vulnerable. Sleep quality is affected by lifestyle choices, like caffeine, alcohol, stress and screen use before bed, but is also tied to broader social factors like employment, housing and healthcare access. Despite this, sleep is often overlooked in healthcare settings. Just one in five Australians with sleep problems have been assessed by a medical professional, highlighting the need for more awareness and support.

Screen use in the hour before bed in those reporting two or more [sleep difficulties](#):

- one in four adults who use the internet most nights;
- one in 20 who do not use the internet before bed.

Sleep and post-polio health

People who had polio earlier in life may experience unique sleep and breathing problems as they age. Breathing can be affected by weak respiratory muscles or changes in chest structure caused by polio. This can lead to shortness of breath, frequent chest infections or speech difficulties. Many also report feeling sleepy during the day, waking up with headaches or having trouble concentrating — signs that their breathing may be affected during sleep. Conditions, such as sleep apnoea or nighttime hypoventilation — under-breathing during sleep, are also common in post-polio. Treatment may involve a respiratory assessment and the use of devices like BiPAP machines. Addressing posture, respiratory muscle strength and mental

Sleep And Ageing *(cont'd from P15)*

health is also important. Polio survivors should not ignore signs of sleep disturbance, as these could indicate worsening of other health problems. They should become familiar with [Polio Australia's Sleep and Breathing fact sheet](#).

Sleep dysfunction is not unique to ageing, common health conditions or post-polio conditions — it is also a major concern in other neuromuscular health conditions. Parkinson's disease, Amyotrophic Lateral Sclerosis (ALS; Motor Neuron Disease), several muscular dystrophies and Myasthenia Gravis each feature disturbed sleep as a core symptom or consequence. For those with such conditions, poor sleep can worsen physical symptoms, impair thinking and mood and reduce quality of life. These conditions often require tailored sleep strategies, highlighting the need to recognise and manage sleep problems as part of comprehensive chronic disease care.

Sleep challenges in later years

For older Australians, especially those living with co-existing health conditions like post-polio syndrome, sleep can be particularly fragile. Pain, breathing problems and limited mobility can all contribute to restless nights and tired days. Poor sleep can affect memory, mood and independence. It can also worsen existing health issues, creating a cycle that's hard to break. However, poor sleep quality is not something we have to accept as 'just part of ageing.' With proper assessment, personalised support and consistent habits, older adults can enjoy better, more restorative sleep, improving both their health and their quality of life.

For more information about vaccination and post-polio survivors, please visit the [Polio Australia](#) website to learn more and access a range of resources to keep each other safe. 🌐

The Vaccine Works

By Dr Andrew Lam, Opinion contributor

Source: www.usatoday.com – 12 April 2025

America once feared polio nearly as much as nuclear war. Then came the vaccine.

Together, Jonas Salk and Albert Sabin prevented hundreds of thousands of deaths and saved millions of children from paralysis.

With rising measles outbreaks and what Health and Human Services Secretary Robert F. Kennedy Jr. says about vaccines making daily headlines, it is timely to recognize that April 12 is the 70th anniversary of the most anticipated medical moment of the 20th century – the polio vaccine.

For decades, polio had terrified parents and transfixed the nation. Each summer, polio outbreaks forced closures of swimming pools and movie theatres. A 1916 epidemic caused 27,000 cases of paralysis and 6,000 deaths. A 1950s survey showed that Americans feared polio more than any other calamity except nuclear war.

In 1947, a 33-year-old researcher named Jonas Salk became the director of a new virology lab at the University of Pittsburgh. Salk believed a killed-virus vaccine was the best approach to combat polio. Most other virologists disagreed with him. They favored a weakened live-virus vaccine that was predicted to be more effective and long-lasting.

A contest between these two opposing vaccine strategies would soon emerge from the setting of stuffy, academic conferences into public view. Below the surface, it was a rivalry between two brilliant men, Jonas Salk and Albert Sabin.

'Like being kicked in the teeth'

Sabin was the more experienced researcher. Eight years older than Salk, he was the head of pediatric research at the Cincinnati Children's Hospital in Ohio. At conferences, Sabin failed to veil his dim view of Salk as an overly ambitious, excessively striving neophyte. In one telling episode in 1948, Sabin humiliated Salk at a conference by responding to one of Salk's questions with: "Now, Dr. Salk, you should know better than to ask a question like that." Salk recalled the interaction was "like being kicked in the teeth."

Whereas Salk argued a killed-virus vaccine would be safer and easier to make, Sabin believed a live-virus vaccine would be superior in the long run. He felt that there was still much to learn about the poliovirus, and that the science could not be rushed.

Against the prevailing advice of his peers, Salk forged ahead with plans to develop a killed-virus vaccine. He neutralized cultures of the virus by immersing them in formaldehyde. It was a delicate balance. Too high a concentration of formaldehyde might diminish the vaccine's ability to produce an immune response against the disease.

The Vaccine Works *(cont'd from P16)*

But too little might inadequately kill the virus and leave an unsafe, live vaccine that could actually cause polio – a horrendous thought. When Salk grew confident enough in his vaccine to test it on humans, he and his lab team first tried it on themselves. Salk also inoculated his wife and children.

He then obtained approval to solicit volunteers at two institutions, the D.T. Watson Home for Crippled Children and the Polk State School, established for “feeble-minded” children. With consent from parents, testing began in 1952.

“When you inoculate children with a polio vaccine for the first time,” Salk later admitted in an interview, “you don’t sleep well for two or three months.”

'The vaccine works'

To his relief, the vaccine produced a significant, protective antibody response against poliovirus.

In January 1953, Salk reported his results at a conference of prominent virologists. His peers expressed surprise and incredulity, but the National Foundation for Infantile Paralysis decided to embark on a national trial of Salk’s vaccine.

It was a momentous decision. An experimental vaccine previously tested in only a couple hundred people would now be given to hundreds of thousands of children across America. The vaccine trial of 1954 was among the largest medical studies in history, conducted at 14,000 schools in 44 states and Canada.

In the United States, more than 600,000 first, second and third graders received three shots, each a month apart, of either vaccine or placebo.

Not everyone supported the vaccine. Some parents refused to subject their children to an “experimental” treatment. On April 4, 1954, radio celebrity Walter Winchell publicly derided the vaccine in a monologue that included,

“Attention everyone! In a few moments I will report on a new polio vaccine – it may be a killer!”

The study results were scheduled to be announced on April 12, 1955, at the University of Michigan. The nation held its breath.

The first three words of the press release were, *“The vaccine works.”* It was safe and 80-90% effective.

This news was immediately broadcast across the nation and around the world. A generation of Americans would remember what they were doing the moment they heard the news.

Jonas Salk became the most famous doctor on earth. He would never earn a dime from the vaccine he pioneered.

Albert Sabin later developed a live, attenuated-virus vaccine that could be given orally and in only one dose. In 1961, Sabin’s oral vaccine supplanted Salk’s shots nationwide. Later, in 2000, the Centers for Disease Control and Prevention switched the recommended vaccine back to the Salk version, hoping this might help eradicate polio worldwide.

The rivalry between Salk and Sabin ultimately served to benefit mankind. Because of them, American summers ceased to be shrouded by pervasive fear. Together, they prevented hundreds of thousands of deaths and saved millions of children from paralysis.

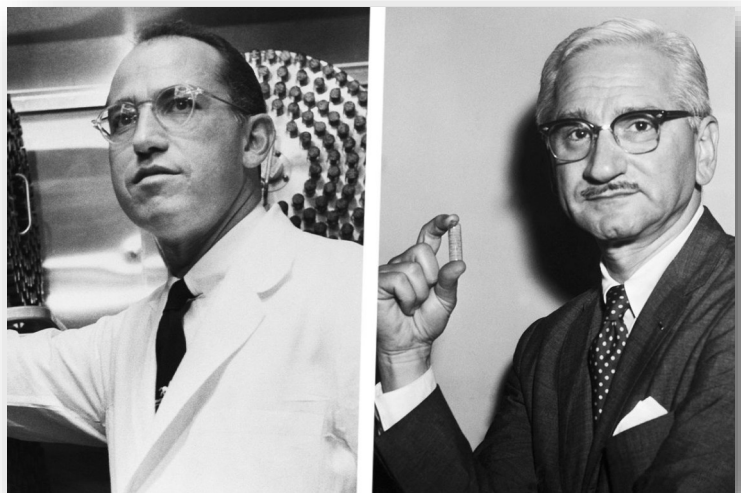
Seven decades later, vaccines remain our best weapon against viral disease and one of medicine’s greatest gifts to humanity. 🌍

Dr. Andrew Lam is a retina surgeon and an assistant professor at the University of Massachusetts Medical School. He is author of “The Masters of Medicine: Our Greatest Triumphs in the Race to Cure Humanity’s Deadliest Diseases.”

(L) Dr. Jonas Salk stands in the University of Pittsburgh laboratory in which he developed a vaccine for polio.

(R) Dr. Albert Bruce Sabin, of the University of Cincinnati College of Medicine, holds a vial containing a newly developed oral polio vaccine.

(Photo illustration by Salon/Getty Images)



Concern About The Spread Of A Deadly Viral Infection

By David McManus

Source: www.agedcareguide.com.au
– 21 March 2025

Polio Australia has provided a history of viral disease and the importance of reviewing long-term health for those in aged care.

Viral infections have been a hot topic in media since the start of the COVID-19 pandemic, but the lasting legacy of polio remains a persistent issue for many with post-polio syndrome.

Viral infections and diseases remain a major public health issue and understanding their long-term effects is key to stopping future outbreaks. Recent developments, such as the detection of Japanese encephalitis virus, also known as JEV, in Brisbane, a measles outbreak in Victoria and new research into polio vaccines, highlight the need for ongoing vigilance. Although these conditions spread in different ways and affect people differently, they all show the importance of early detection, vaccination and public awareness in controlling their immediate and long-term impacts.

How to prevent Japanese encephalitis virus

The discovery of JEV in Brisbane is a strong reminder that environmental changes, like flooding, can increase the risk of infectious conditions. Mosquito bites spread JEV and recent floods have created ideal conditions for mosquitoes to multiply. Most people who get JEV will not feel sick, but in severe cases, it can lead to dangerous brain infections. Tracking the virus through mosquito monitoring and testing helps authorities take action to stop its spread.

To protect against JEV, people should use mosquito repellent, wear long clothing and eliminate stagnant water where mosquitoes breed. Vaccination is also available for high-risk groups, such as those who live or work near pig farms. With climate change expected to increase the spread of mosquito-borne diseases, continued monitoring and public awareness are essential.

The return of measles: a disease we can stop

Measles, once nearly eliminated in Australia, is making a troubling comeback due to international travel and lower vaccination rates. This highly contagious disease spreads easily through the air and can cause severe complications, including pneumonia and brain inflammation. Recent outbreaks in Victoria show why maintaining high vaccination rates is so important.



[Source: FatCamera via iStock]

The Measles-Mumps-Rubella (MMR) vaccine is the best way to prevent measles, but some adults born between 1966 and 1992 may not have received both doses needed for full protection. Healthcare workers need to quickly identify and isolate cases while encouraging everyone to check their vaccination status. Measles is now reappearing in many parts of the world. Anyone travelling overseas should ensure they are fully vaccinated to avoid getting sick and bringing the virus back to Australia.

New polio vaccines: a step closer to ending the disease

Polio, once one of the world's most feared diseases, is ever closer to being wiped out thanks to decades of vaccination efforts. However, to keep polio from coming back, scientists are working on new, safer vaccines. Recent research into virus-like particle (VLP) vaccines offers a promising alternative to current polio vaccines. These new vaccines do not contain the live virus, making them safer and easier to produce.

While wild polio is no longer in Australia, it still exists in several countries and international travel could reintroduce it if vaccination rates drop. To eliminate polio worldwide, countries must continue vaccinating children and ensure that affordable modern vaccines are available everywhere. With ongoing research and global cooperation, a future without polio can be achieved.

The long-term effects of polio infection: a hidden struggle

Although new polio cases are rare, many people who had the virus decades ago are now facing serious health problems. Polio survivors, especially those over 50, may experience the late effects of polio or post-polio syndrome (PPS) — conditions that cause muscle weakness, fatigue, joint pain and breathing difficulties.

Concern About The Spread Of A Deadly Viral Infection *(cont'd from P18)*

These symptoms often appear decades after the first infection and can make daily life much harder. Unfortunately, many healthcare providers and family members are unfamiliar with these conditions, leading to misdiagnoses or a lack of proper treatment.

Both the medical community and the public need to understand that viral damage can have lifelong effects. Recognising the long-term impact of viruses can improve healthcare support and rehabilitation services for those affected by post-viral conditions.

How Polio Australia is making a difference

The history of polio teaches us an important lesson: viral diseases can continue to affect people long after the initial infection is gone. While vaccines have almost eliminated polio, its long-term effects still impact thousands of Australians. Polio Australia works to support

polio survivors, raises awareness about post-polio and other post-viral conditions and advocates for informed and equitable healthcare.

By learning from past epidemics and staying alert to current disease outbreaks, we can strengthen our approach to disease prevention and long-term care. Understanding the ongoing threats of diseases like measles and JEV, as well as the lasting impact of polio, helps us create a healthier future for everyone. Monitor your state's health notifications regularly to keep you aware and play your part in reducing the impact of viruses.

If you're interested in learning more about post-polio syndrome and making a difference in the lives of many aged care residents who may be unfamiliar with the condition, please visit [Polio Australia](#) to learn more. 🌐

Polio Outbreak Declared In Papua New Guinea

An outbreak of this once-eradicated disease has been declared on Australia's doorstep

Source: www.sbs.com.au – 17 May 2025

A polio outbreak has been declared in Papua New Guinea, sparking concern about the disease's spread in a country with low vaccination rates, health officials said.

Poliovirus, most often spread through sewage and contaminated water, is highly infectious and potentially fatal.

It can cause deformities and paralysis, and mainly affects children under five years old.

The virus was detected in wastewater and environmental samples in the Pacific nation's capital Port Moresby and second-largest city Lae, the World Health Organization (WHO) said.

In subsequent testing, two children in Lae were found to have the poliovirus type 2 strain, according to the WHO representative in Papua New Guinea, Sevil Huseynova.

The confirmation of community transmission in the children "constitutes a polio outbreak", Huseynova said in briefing notes provided to AFP.

"Polio is a highly infectious disease, and in communities with low polio immunisation rates, the virus quickly spreads from one person to another," Huseynova said.

The health agency "expresses deep concern over the confirmed outbreak", she said.



Source: AAP / Brendan Esposito

Dr Matt Mason is a lecturer in nursing in the School of Health, Centre for Pacific Islands Research at the University of the Sunshine Coast.

He said with only 47 per cent of PNG children fully immunised, and some districts reporting coverage as low as 8 per cent, "pockets of extreme vulnerability exist".

"Infection prevention and control must begin at the community level. Strengthening water, sanitation, and hygiene infrastructure in both urban settlements and remote villages is essential to curb faecal-oral spread."

He recommended health authorities collaborate with trusted partners, such as churches and women's groups, to disseminate hygiene kits and promote hand hygiene stations at schools, markets, and health services.

Polio Outbreak Declared In Papua New Guinea *(cont'd from P19)*

Tracing PNG's polio outbreak

Genetic testing showed the polio strain detected in Papua New Guinea was linked to one circulating in Indonesia.

Papua New Guinea was certified as polio-free in 2000, but immunisation rates among children are low.

Papua New Guinea health minister Elias Kapavore said the situation was "serious but manageable".

"We've dealt with this before and know what works," he told reporters on Thursday.

"Vaccination is safe and effective, and we're acting quickly to keep children protected."

Is there a risk of polio spreading to Australia?

Australia has been polio-free since 2000 and hasn't had a major outbreak of the disease since 1961. Children are routinely vaccinated against the illness.

Dr Yong Gao (Nias) Peng is a CSIRO early research career fellow at CSIRO Health and Biosecurity.

"While the risk of polio spreading to Australia is considered low due to high vaccination rates and robust public health infrastructure, it is recommended that travellers to PNG ensure their polio vaccinations are up to date," Peng says.

"Continued surveillance for poliovirus and support for PNG's immunisation efforts are crucial to contain the outbreak and prevent international spread."

Australia Funding Vaccines After Polio Find In PNG

By Ben McKay

Source: www.canberratimes.com.au
- 21 May 2025

Australia is spending \$5 million towards vaccinations in Papua New Guinea after the declaration of a polio outbreak in its close northerly neighbour.

The World Health Organisation (WHO) has announced circulating vaccine-derived poliovirus type 2 has been detected in stool specimens of two healthy children in PNG earlier in May.

It is the first outbreak of the debilitating virus in PNG since 2018, with the WHO testing centred on the city of Lae, in New Guinea's north.

Wastewater samples have also picked up the highly-infectious virus - particularly in regions with poor sanitation - in the capital of Port Moresby.

Australia's Pacific Minister Pat Conroy said his government would fund vaccines through WHO with the potential to reach three million children.

"Vaccination is the most effective way to prevent the spread of polio," he said. "That's why we are working closely with the government of Papua New Guinea to step up vaccination efforts to protect children and ensure a healthy region."

PNG vaccination rates are estimated at around 44 per cent, given rise to the potential for outbreaks.

Polio, which is often carried without symptoms, primarily affects children, with a small number of cases causing paralysis and even death.

Rates of the virus have plummeted in recent decades owing to a global eradication program, with polio now endemic in only Pakistan and Afghanistan.

Australian Associated Press

AMERICAS

- 1. French Guiana
- 26. Sudan
- 27. Uganda
- 28. Zimbabwe

EASTERN MEDITERRANEAN

- 29. Afghanistan
- 30. Djibouti
- 31. Pakistan

AFRICA

- 2. Algeria
- 3. Angola
- 4. Benin
- 5. Burkina Faso
- 6. Cameroon
- 7. Chad
- 8. Côte d'Ivoire
- 9. Dem. Rep. of the Congo
- 10. Egypt
- 11. Equatorial Guinea
- 14. Ghana
- 15. Guinea
- 16. Kenya
- 17. Liberia
- 18. Mali
- 19. Mozambique
- 20. Niger
- 21. Nigeria
- 22. Senegal
- 23. Sierra Leone

EUROPE

- 35. Finland
- 36. Germany
- 37. Poland
- 38. Spain
- 39. United Kingdom

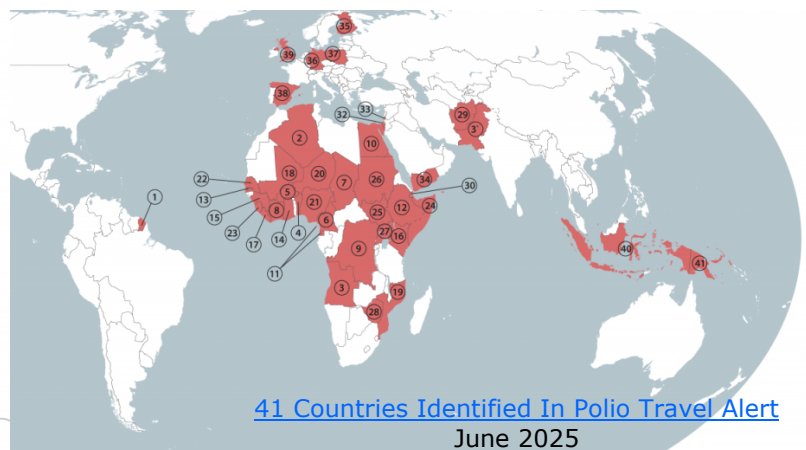
SOUTH-EAST ASIA

- 40. Indonesia

WESTERN PACIFIC

- 41. Papua New Guinea

Poliovirus detected within



41 Countries Identified In Polio Travel Alert
June 2025

Vaccines With Unexpected Health Benefits

By David McManus

Source: www.agedcareguide.com.au
— 12 May 2025

Most people know that vaccines protect us from certain diseases. For example, the flu shot helps prevent influenza and the shingles vaccine protects against shingles. However, did you know that some vaccines can also protect you from other serious health problems?

Researchers have found that some vaccines do more than we thought. They can lower the risk of heart disease, dementia and some cancers. These benefits are especially important for older adults and people with other chronic health conditions.

Let's look at a few examples...

The flu shot helps the heart and brain

Getting the flu vaccine yearly is already a good idea, especially for people over 60. However, recent studies show that it also protects your heart and brain. People who get the flu shot are about 34 percent less likely to have a serious [heart event](#); that number rises to 45 percent in people who already had a heart attack or stroke and it may also lower the [risk of memory loss](#) as you age.

The shingles vaccine may lower dementia risk

The shingles vaccine protects against a painful skin rash caused by the chickenpox virus. However, a big study in the UK found that people who got the shingles vaccine were 20 percent less likely to [develop dementia](#). This benefit was even stronger in women. Experts think this may be because the vaccine helps the immune system stay strong.

The HPV vaccine prevents more than cervical cancer

The HPV vaccine — first developed in Australia — is known for preventing cervical cancer, but it also helps protect against other cancers, like head and neck cancers. In men, the [vaccine lowered the risk](#) of these cancers by over 50 percent. That's great news for older adults, because head and neck cancers are most common in those age groups.

The polio vaccine and COVID-19

While Australia no longer uses the oral polio vaccine, it is still used in other countries. During the early days of the COVID-19 pandemic, people who had recently received the [oral polio vaccine](#) seemed less likely to get very sick from COVID. This may be because live vaccines, like this one, give the immune system a general boost for a short time.

Why this matters for older adults

When we look at all these vaccines together, we see a bigger picture. Some vaccines can help prevent diseases like heart disease, dementia and cancer — major concerns for people over 60. This is especially important for people with long-term health problems, like polio survivors.

A special note for polio survivors

Many older Australians had polio as children before the polio vaccine was available. These people now experience post-polio conditions, which cause muscle weakness, fatigue and breathing problems. They also face a higher risk of falls and, if they do not remain active, may be at risk of developing heart disease. Even though they didn't benefit from the polio vaccine as children, they can still protect their health now with vaccines, like the flu shot, shingles vaccine and COVID-19 boosters.

Keep your vaccines up to date

As we age, we focus more on managing health problems, but preventing new problems is just as important. Vaccines not only stop certain infections — they may also protect against other serious diseases linked to inflammation and the immune system.

So, now's a good time to ask... **Are you up to date with your vaccines?** Have you had your flu shot this year, the shingles vaccine or a COVID-19 booster? If you or someone you care for lives with long-term effects from an infection — like polio — vaccines can be an important part of staying healthy and independent.

Talk to your doctor about what vaccines are right for your age and health, because vaccines can do more than you think and that's good news for all of us.

For more information about vaccination and post-polio survivors, please visit the [Polio Australia](#) website to learn more and access a range of resources to keep each other safe. 🇦🇺



Source: [aquaArts studio](#)

Breakthrough In Next-Gen Polio Vaccines

Source: www.sciencedaily.com

— 11 March 2025

A more affordable, lower-risk polio vaccine is on the horizon, research led by the University of Leeds has found.

Researchers have taken a major step towards producing a more affordable and lower-risk polio vaccine using virus-like particles (VLPs). These particles mimic the outer protein shell of poliovirus, but are empty inside. This means there is no risk of infection, but the VLP still causes the immune system to respond.

Now, a research project led by Professor David Rowlands, Emeritus Professor of Molecular Virology at the University of Leeds, has tested the effectiveness of using different yeast, insect, mammalian and plant cells as expression systems to generate VLPs.

In a paper published in *Nature Communications*, the findings show that VLPs produced in both yeast and insect cells can perform equally or better than the current inactivated polio vaccine (IPV), which creates an immune system response by using a killed version of the poliovirus.

Professor Nicola Stonehouse is Chair in Molecular Biology at the University of Leeds School of Molecular and Cellular Biology and one of the senior authors on the paper. Professor Stonehouse said: "Any vaccine is only as effective as the number of children that it reaches. The key is to make vaccines universally accessible, as all children have a right to be protected from diseases such as polio, no matter where they live. Ultimately, VLPs would significantly contribute to vaccine equity."

"Thanks to research like this, we are already working with commercial partners to produce the next generation of polio vaccines. Although we don't yet know when these will be widely available, we are getting much closer to a polio-free future."

Today's polio vaccines

Currently, IPV is relatively expensive to produce because it requires high levels of bio-containment to minimise the risk of leaks of live poliovirus, which could result in outbreaks. VLPs are non-infectious and would not need to be handled under such stringent bio-safety conditions.

Oral polio vaccine (OPV), which contains live but weakened vaccine-virus, is also used in vaccination against polio.

Future polio vaccines

However, once all remaining strains of wild poliovirus have been successfully eradicated, OPV use will need to stop to eliminate a small risk of circulating variant poliovirus that can be associated with its use.

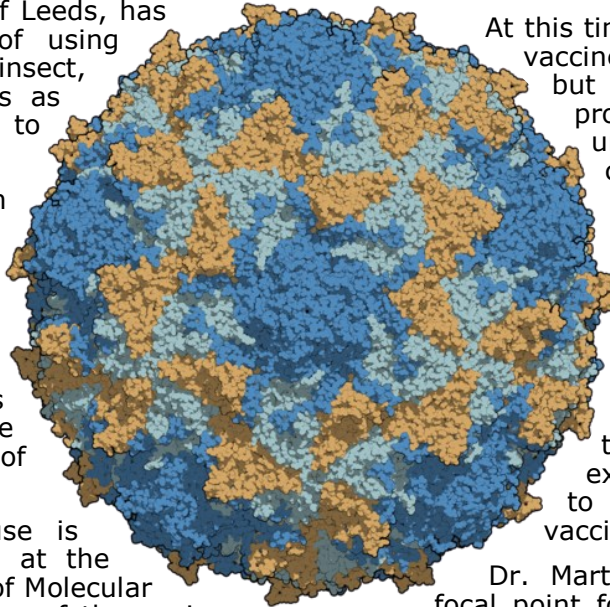
In populations where large numbers of people are unvaccinated and sewage disposal is poor, such strains can cause an outbreak through contact with faeces, often via contaminated water.

At this time, IPV will be the only polio vaccine available to populations, but expensive manufacturing procedures make it unaffordable for lower-income countries.

Non-infectious VLPs are easier to produce than current IPVs and the research has shown they are more temperature stable, thanks to genetic alteration of the outer shell. As they are non-infectious, this means they will be less expensive to produce, helping to improve equitable access to vaccination.

Dr. Martin Eisenhower is the WHO focal point for the development of Polio VLPs and the VLP consortium led by the University of Leeds. Dr. Eisenhower said: "The WHO, when looking at research and development priorities for new generation Polio vaccines, has early on identified VLPs as a technology that could be an ideal tool especially for the post-eradication period with the aim for Polio VLPs to be ultimately produced as a very cost effective and safe vaccine by developing country manufacturers for the benefit of a global supply."

"Through an extensive collaboration with the research consortium, vaccine manufacturers and the Global Polio Eradication Initiative (GPEI), we are approaching this goal with the new developments. This research shows that a critical new polio vaccine solution is on the horizon. It would be a critical new tool to not only achieve but sustain global polio eradication, and ensure — in an equitable way — that no child anywhere will ever again be paralysed by any poliovirus. It is about ensuring that once polio is eradicated, it will stay eradicated."



Breakthrough In Next-Gen Polio Vaccines *(cont'd from P22)*

The international research collaboration, which was funded by the World Health Organization, also included researchers from the University of Oxford, the Medicines and Healthcare products Regulatory Agency (MHRA), the John Innes Centre, The Pirbright Institute, the University of Florida and the University of Reading. The structural data was collected using a cryo-electron microscope at Diamond Light Source.

VLPs are already used in vaccines for hepatitis B and human papillomavirus (HPV) — and researchers have been working for over a decade to apply this successful technology to help eradicate polio.

The next generation of polio vaccinations are likely to be produced in yeast or insect cells, as the research showed these were effective when

tested on rats and mice. These cell expression systems are also favoured by companies and are used for existing vaccinations, due to their low cost.

Dr Lee Sherry was one of four lead authors on the paper while working at the University of Leeds. Dr Sherry, who now holds a position at the University of Glasgow, said: *"Following the success of using VLP vaccines in preventing hepatitis B and HPV-related diseases, it is very exciting to see this research being taken forward by industrial partners as a safer vaccine production strategy as we move towards a polio-free world."*

Story Source:

[Materials](#) provided by **University of Leeds**.

Evaxion Receives Grant Funding To Design New Polio Vaccine

Ref: [GlobeNewswire](#)

Source: [firstwordpharma.com](#) — 3 June 2025

COPENHAGEN, Denmark, June 3, 2025 — Evaxion A/S (NASDAQ: EVAX) ("Evaxion"), a clinical-stage TechBio company specializing in developing AI-Immunology™ powered vaccines, receives funding support from the Gates Foundation to help the world eradicate polio (poliomyelitis) by exploring design options for a new and unique vaccine.

Despite polio vaccines being available for decades, the highly infectious viral disease is yet to be completely eradicated, meaning that the risk of a global polio resurgence and health crisis remain. Thus, a new vaccine concept could increase the possibility of eradicating the virus once and for all.

The project will combine Evaxion's leading and clinically validated AI-Immunology™ platform with support from the Gates Foundation. Evaxion will deploy AI-Immunology™ to identify and combine various antigens to combat the virus. Based on these findings, a number of new antigen constructs will be designed for selection and validation. The work will be supported by the grant from the Gates Foundation, meaning there will be no financial cost for Evaxion.

"We are thrilled to receive support from the Gates Foundation and help the world achieve the goal of completely eradicating polio. We are excited to apply our AI-Immunology™ platform to combat yet another infectious disease. The grant allows for further application and validation of our platform without adding to our operational

spend," says Christian Kanstrup, CEO of Evaxion.

Ground breaking new approach

Current polio vaccines are based on inactivated or attenuated versions of the virus. This creates significant issues in certain settings and leaves an unmet need in the context of the polio endgame for a new and better vaccine not based on the virus itself.

New vaccine constructs eliminating the use of live viruses in vaccine production would be a great advantage, removing the potential safety risks of growing and working with the virus. Such a ground breaking new vaccine approach is what the project aims at creating, bringing forward an effective and safer alternative to current polio vaccines.

About polio

Polio (poliomyelitis) mainly affects children under five years of age. One in 200 infections leads to irreversible paralysis for type 1 wild poliovirus. Among those paralyzed, 5–10% die when their breathing muscles become immobilized.

Cases due to wild poliovirus have decreased by over 99% since 1988, from an estimated 350,000 cases in more than 125 endemic countries, to two endemic countries. As long as a single child remains infected, children in all countries are at risk of contracting polio.

Failure to eradicate polio from these last remaining strongholds could result in a global resurgence of the disease. Source: The World Health Organization.

Poliovirus–Essential Facility In Belgium Awarded

Poliovirus-essential facility in Belgium awarded world's first Certificate of Containment

Source: polioeradication.org — 10 April 2025

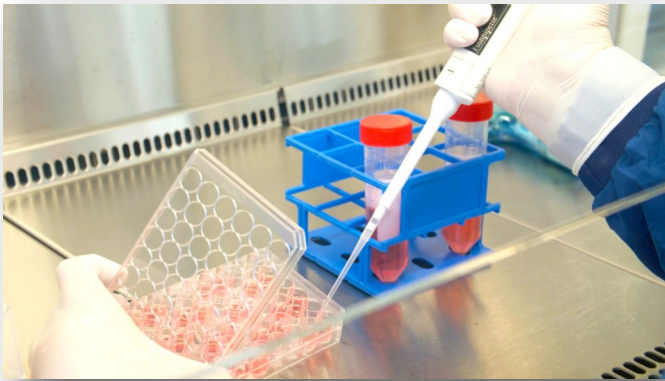


Photo: WHO/C. de Kat Reynen

To achieve and maintain poliomyelitis (polio) eradication, it is vital to minimize the risk of live poliovirus release into communities from laboratories, vaccine production sites or storage facilities. In 2018, WHO Member States agreed in a World Health Assembly resolution on the containment of polioviruses that, ultimately, all polioviruses kept in facilities must be inventoried and then either destroyed or, if still needed, retained in certified poliovirus-essential facilities (PEFs). While the majority of the 76 PEFs in 22 countries globally are gradually moving forward in the containment certification process coordinated by WHO, progress has been slow. However, in March this year, a polio vaccine manufacturing facility in Belgium became the first ever PEF to receive a full Certificate of Containment (CC).

"The WHO European Region was declared polio-free over 2 decades ago, but the great effort to maintain this status continues. With nearly half of the PEFs in the world located in this Region, we face a high level of poliovirus biorisk as well as a great responsibility to accelerate the process of poliovirus containment certification," explains Robb Butler, Director of the Division of Communicable Diseases, Environment and Health, WHO/Europe. *"Awarding the first Certificate of Containment is a milestone that helps protect the Region from this crippling disease."*

No small feat

The CC is granted by the Containment Working Group of the Global Commission for the Certification of Eradication of Poliomyelitis (GCC), following a thorough review of an application submitted by a country's National Authority for Containment (NAC). The CC awarded in Belgium was the first in the world because it is not easy to achieve. It entails building and/or sustaining:

- high levels of commitment from both facilities and NACs as well as support from national governments to achieve and maintain adequate containment;
- an understanding of global poliovirus containment requirements, as detailed in WHO guidance, and their full implementation, including possible adjustment to biorisk management systems, biosecurity approaches and even building/engineering systems;
- NACs' legal authority in national certification; and
- a poliovirus containment auditing capacity within NACs.

Multilayer process

In accordance with GCC recommendations, all PEFs must undergo containment certification and apply for either an Interim Certificate of Containment (ICC) or a full CC based on the degree of compliance with poliovirus containment requirements. This requires close collaboration between a facility and its respective NAC, which in turn is responsible for conducting regular independent poliovirus containment audits to confirm, at the national level, that all containment requirements are met and sustained.

After a NAC considers a facility compliant, an application for the certification and an audit report are sent for review to the GCC, which has the global oversight function and mandate to award an ICC or CC. To date, 15 PEFs globally have received an ICC and only one a CC. As per GCC recommendation, all countries with PEFs are expected to complete the certification process by the end of 2026. 🌐