



Polio Oz News

December 2018 – Summer Edition

Bound For South Australia

By Jan McDonald, Geelong Polio Support Group (Vic)

Well, didn't we have another amazing Retreat!!! This year's annual Polio Health and Wellness Retreat was held at the beautiful seaside town of Glenelg, just out of Adelaide.

Winnie, Denise with her husband, Doug, and I took the trip West from Geelong. Once again, we were treated to 3½ days filled with information, friendship, and fun.

The site of the Retreat was also the venue for the annual "Walk With Me" event to raise money for the work of Polio Australia. So on Thursday afternoon we lolloped, tottered, strode, wheeled, and shuffled our way along the delightful waterfront, and thoroughly enjoyed the camaraderie along the way.

Each one of the three main days had a different focus; the Body, Mind and Spirit.

Friday's 'menu' centred on "The Body". We had a choice of several sessions including Myofascial Release, Balance, Breathing and Stretching Exercises, Meditation, Hydrotherapy, Fatigue, Muscle Loss, Foot Care, Sleep Health, Partnering Polio . . . the list goes on.

On Saturday, it was time to focus on "The Mind". This included activities to keep our minds activated, as well as having fun. Such a variety;

Maximising Independence, Chair Dancing, Finances, Making Mosaics, Early Polio Memories, and more.

Sunday's offering was around "The Spirit". Maryann Liethof, Polio Australia's National Program Manager, took us on a journey exploring "What makes your whole body light up?". This provoked quite a discussion amongst us – God, music, nature, art, family, what?? We then had a choice of discussion groups on Christianity, Buddhism, and Aboriginal Spirituality.

A highlight of the weekend was the Celtic Music Club of South Australia, which entertained us with tunes while we had dinner on Saturday night.

Of course, we did arrive back home utterly exhausted. We thoroughly enjoyed the days, and emerged armed with a few more hints and tools to help us feel "well-rounded" physically, mentally and spiritually.

A Retreat like this also makes us aware that without the planning, commitment and goodwill of Polio Australia organisers, as well as our local group leaders, we would not have this, and all the other help we get. Without the cohesiveness of all polio survivors, our voice will become silent, and we could easily become conveniently forgotten by government. So, a BIG thank you to all who do their bit to allow us to be recognised. 🌟



2018 Retreat and "Walk With Me" participants wearing orange bandanas.
All Retreat photos can be viewed online [here](#).

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throughout Australia

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“I love how summer just wraps its arms around you like a warm blanket.”

~ Kellie Elmore ~

President's Report



Gillian Thomas

As December rolls around it is time to reflect on the year's achievements, enjoy some down time over the holidays and, through both processes, get reinvigorated to do it all again next year!

Having received some funding from both the Department of Health and Spinal Life Australia, it was a pleasure to start 2018 with staff available to expand our services in the directions we had long dreamed of. At our team meeting early in the year, the meat was put on the bones of the 2018-2020 strategic plan developed by the Board at our 2017 AGM. To recap, our strategic priorities are:

- **Education** (raising public awareness of, and educating health professionals and polio survivors about, the Late Effects of Polio);
- **Capacity Building** (future proofing Polio Australia to ensure sustainability);
- **Partnership Development** (enhancing internal and external relationships); and
- **Advocacy and Visibility** (lobbying and advocating, whilst creating positive visibility in the community).

Our work throughout 2018 furthered these priorities.

Forty-three [Clinical Practice Workshops](#) were held, providing education to more than 580 health professionals, across every state and territory. The impact of the training on the lives of Australia's polio survivors is inestimable. As polio survivors we should encourage our own health professionals to attend a workshop when it reaches our area. Entries on the [Health Professionals Register](#) also grew apace – there are now 197 entries, across many professions

and in every state and territory. In the last six months, there have been eight well-attended [Community Information Sessions](#) on the Late Effects of Polio in Victoria and South Australia, with more to come in 2019 in these states as well as Tasmania. Funding is currently being sought to employ a second Community Development Worker to service New South Wales.

We reached a significant milestone this year, celebrating our tenth anniversary in August. In 2005, when I first proposed the idea of a national body to the State Polio Networks, little did I know that we would be thriving in 2018.

Our [Polio Health and Wellness Retreat](#) in October returned to South Australia. In a first this year, we held our AGM and a [Walk With Me](#) event in conjunction with the Retreat. Walk With Me is our major fundraising drive each year, with the beneficiaries being both Polio Australia and the State Polio Networks who participate.

Other highlights of the year included:

- Revamping the Polio Australia and *Still Here* websites to keep them topical, interesting, and easier to navigate;
- Expanding our social media activity and building a solid and engaged following through regular posts and discussion starters;
- Launching the [Next Generation Polio Survivors](#) project (including a new [Facebook Group](#)); and
- In 2019, we hope to introduce our fun, new 'Splish, Slish, Splash' education activity to schools across Victoria—see p23.

What a difference 10 years of effort, a growing funding base, and increased staffing can make!

In closing, on behalf of the Board, I wish you all a very Merry Christmas, and a healthy and peaceful New Year. 🌟

Gillian

From the Editor



Maryann Liethof
Editor

Blue skies, longer days, warmer weather, beaches, crazy-hot cars, flies, bush fires, drought . . . Aahhh, summer in Australia!

We were lucky to have a taste of this in Adelaide for Polio Australia's annual Health and Wellness Retreat and *Walk With Me* fundraiser in October—it's not too late to donate! 64 polio survivors and

their family/friends joined us from across Australia, as well as New Zealand and Taiwan! Jan McDonald's article on p1 provides an overview, whilst you will see more photos of our 'walkers' on p9. All photos of the Retreat are online here: www.polioaustralia.org.au/retreat-2018/. In October 2019, the Retreat will return to New South Wales; details will be updated on our website, as they become available.

Throughout this edition, you will see how Paul, Polio Australia's Clinical Health Educator, and Steph, our Community Engagement Officer, are both contributing to educating health professionals, and the community, respectively. You can read the results of a survey on the use of orthoses, as well as participate in a current one we have (below) on your experience of the NDIS (for those people under the age of 65).

October's Polio Awareness Month was also a busy time for Polio Australia, as we joined in with Global Citizen (and others) at Parliament House, ACT, where we also met with our Parliamentary

NDIS Survey

Polio Australia is interested in receiving feedback from eligible polio survivors on how you have found working through the NDIS process.

We are seeking information to better understand the experiences of people who have applied for the NDIS (successfully or not), and those currently registered with the NDIS.

Your feedback will help Polio Australia provide other polio survivors with practical information on possible problems when applying for the NDIS, and how they might be overcome.

The responses will be shared with polio survivors, and also provide feedback for the disability sector. The survey is anonymous and there is no identification of individual comments or names.

If you have any questions related to this survey, please contact: Paul Cavendish, Clinical Health Educator, Polio Australia, T: 0466 719 013 / E: paul@polioaustralia.org.au

Thank you for taking the time to complete the survey: <http://bit.ly/PA-NDIS-Survey>



Patrons, see p4. Steph was also invited to speak to around 70 participants at Polio Network Victoria's annual Polio Day.

There are many more program areas we've been working on, including a makeover of the www.stillhere.org.au website. Take a look!

A couple of articles will be of interest to people using motors scooters on p11, or anyone requiring accessible housing on p13—and who doesn't?

Dr John Tierney has been busy in his 'retirement', submitting two articles on p14-15; one on his visit to Sister Elizabeth Kenny's Memorial in Nobby, Queensland; and the other on his experience of growing up with polio in the 1950's.

Many people may have read about the 'polio-like' illness that is sweeping across the USA. Whilst it's definitely *not* the poliovirus, the condition is just as frightening—see p18 for an update.

There is also an inspiring look at how 3 polio survivors are now helping to eradicate polio in Pakistan on p20, and a link to a report on PNG's polio outbreak response on p21.

It has been a real delight for me to have been able to work with a fabulous 'Team' during 2018. And on behalf of all of us, I'd like to wish our readers all the very best for the Season, and a healthy and fulfilling New Year. 🌟

 Maryann



HAVE YOUR SAY

Complete the survey on
the National Disability
Insurance Scheme (NDIS)
for polio survivors

ndis

Polio Australia
Supporting polio survivors through a lifetime

next
generation

CLICK HERE TO COMPLETE

World Polio Day And Meetings With Parliamentarians

World Polio Day—24th October—was established by Rotary International over a decade ago to commemorate the birth of Jonas Salk, who led the first team to develop a vaccine against poliomyelitis.

Polio Australia joined forces with [Global Citizen Australia](#), [UNICEF](#), [RESULTS Australia](#), [Rotary International](#) and [UNICEF Australia](#) for a World Polio Day 2018 event, acknowledging the efforts to date, and the task ahead, in finally seeing polio eradicated from the world.

This World Polio Day event was held early on the 18th of October at Parliament House, to ensure as many parliamentarians as possible could attend. Polio Australia was represented by Gillian Thomas (President), Alan Cameron (Treasurer) and Paul Cavendish (Clinical Health Educator).

To read more or watch the video, go to: www.stillhere.org.au.



Gillian Thomas (front) flanked by MPs, Catherine King and Greg Hunt (PA's Parliamentary Patrons), and other attendees

Whilst in Canberra, Gillian, Alan and Paul Cavendish also met with Polio Australia's [Parliamentary Patrons](#), presenting them with two documents:

- [Clinical Practice Workshops: The last 12 months overview](#)
- [Polio vaccine recommendations regarding travel to Papua New Guinea for Australian travellers](#)

This included an important meeting with Health Minister Greg Hunt, who requested a Proposal from Polio Australia for a 3 year extension on Paul's Clinical Health Education Program. The current contract with the Department of Health ends at the end of June 2019.



Photo L-R:

Paul Cavendish, Alan Cameron, Gillian Thomas, Hon Mark Coulton MP and Peter Garde.

Mark is Co-Convenor of the Parliamentary Friends of Polio Survivors Friendship Group, together with Steve Georganas, MP.

Polio Day In Victoria

On Saturday, 20th of October 2018, Polio Network Victoria hosted Polio Day at the Hawthorn Arts Centre. Approximately 70 polio survivors, their family and carers, and health and aged care representatives attended the lunch.

The theme was "We're Still Here", and included speakers presenting information to assist with navigating post-polio and the MyAgedCare system.

Steph Cantrill, Polio Australia's Community Engagement Officer, gave a presentation titled "What's New In The World Of Polio", where she provided an update on: Polio Australia's Clinical Practice Workshops; her own Community Information Sessions; various conference presentations; and the ["Next Generation"](#) project.



Program Updates

By Steph Cantrill, Community Engagement Officer

I have now been working with Polio Australia for six months. In some ways it's hard to believe it's been that long, and in other ways I can't quite believe it's only been that long!

The last six months have definitely been a time of learning. It's been great to have met with a number of polio survivors through the existing networks, and to have come across some 'new' people when they attended my community information sessions on the Late Effects of Polio. This has been a really valuable opportunity to connect these new people with other polio survivors, let them know that they're not alone in what they're experiencing, and help to guide them towards the support they need.

I've also had the opportunity to get the word out about the fact that polio survivors are "still here", through presenting at conferences and meeting with organisations such as service providers and local community organisations. "*Forgive my ignorance, but is polio still around?*" is something I'm getting more and more accustomed to hearing!

Moving into the new year, I'm looking forward to: expanding the information sessions into South Australia and Tasmania, finding ways to ensure that partners and carers are well-informed about the Late Effects of Polio, further advocating for the needs of older people with disability through the ATOP (Assistive Technology for Older People) Alliance, building networks with other community organisations, and continuing to learn as I go. 🌟



Orthoses Survey

Update on Polio Australia's survey on use, capacity and satisfaction with orthoses.

HOW ARE POLIO SURVIVORS GETTING AROUND?

58% of people used a customised shoe or prescription orthotic. There were 38% of total respondents who also used an orthotic device (i.e. a calliper, or knee/ankle-foot orthoses). The most common device used to provide assistance with walking was a cane (42%), followed by a 'wheelie walker' (25%), then scooter (24%). The importance of getting prescription right for avoiding pain, abrasions and general comfort is highlighted by the vast majority of people spending 80-100% of their day wearing their shoe/orthotic.

WHAT LEVEL OF MUSCLE STRENGTH IS THERE IN THE LEGS (AND BODY)?

70% of respondents reported weakness in the whole leg. While it is important to distinguish between weakness and need for further support at the knee or hip joint, there was a continual sub-set of respondents that reported difficulty with tasks that would indicate the need for re-assessment at the very least. The reliance on an assistive aid for balance, the extra energy involved and the work required by remaining muscles to weight bear or balance is a very important consideration. 38% reported forearm or hand weakness, which is important to point out for usability/independence with an orthotic device. 46% of respondents found it difficult to get their orthotic on or off, and 3% were unable to do this task.



By Paul Cavendish, Clinical Health Educator

Thank you to the 127 people who participated in the recent Polio Australia orthotics survey. We used a standardised tool called the "Orthotics and Prosthetics User Survey" to find out information and present the results at a national conference in Adelaide on customised footwear and prescription shoe orthotics. Please see the presentation [here](#). These surveys assist

us greatly with providing information back to health professionals to help them improve the way they do things.

Program Updates: Orthoses Survey (cont'd from p5)

WHAT'S THE FUNCTIONAL CHANGE WITH WEARING AN ORTHOTIC?

The two findings that really stood out related to balance and walking. The majority (72%) who were wearing their orthotic found it difficult to stand and balance. Given this result, I thought dynamic balance would be harder again, however, this may not be the case. Looking at the task of getting on/off the escalator, only 55% found this difficult. While there were more people who stated they could not do this activity (as expected), there was also an increase of over 100% in the number of people who identified this task as easy to perform. Finding the right orthotic that allows someone to feel balanced in their shoes is still a key challenge.

The difference between ease of walking indoors as opposed to outdoors was more in line with assumptions, while 48% of people reported it was easy to walk indoors. This fell to 7% when they were asked about walking outside. It is interesting to consider this result with emerging diagnostic tools that allow you to place insoles inside your shoe to map pressure as you walk. Often, walking is only recorded at a clinical setting with a flat floor. Perhaps in the meantime it will be worthwhile for a polio survivor to provide a video of walking outside at the next review or assessment to help clinicians improve in this area.

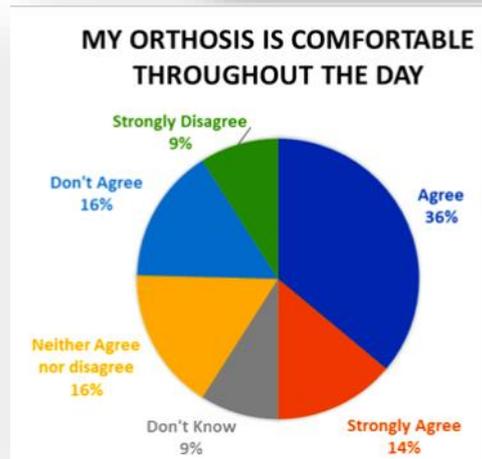
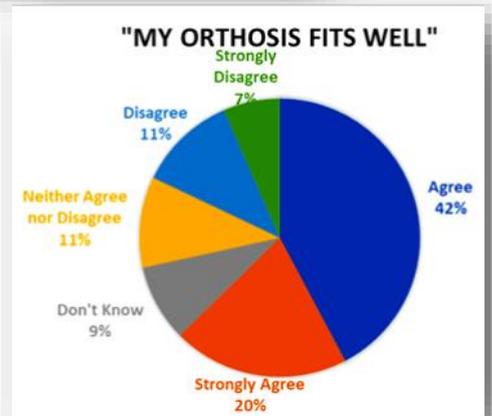
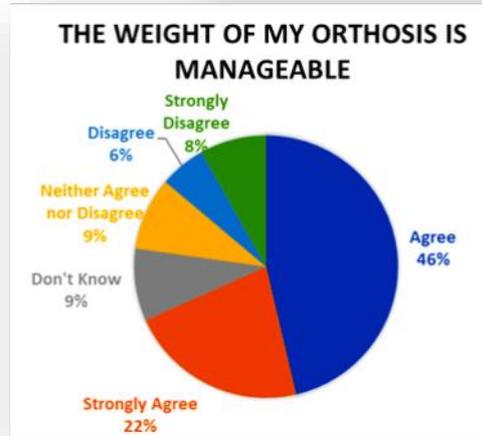
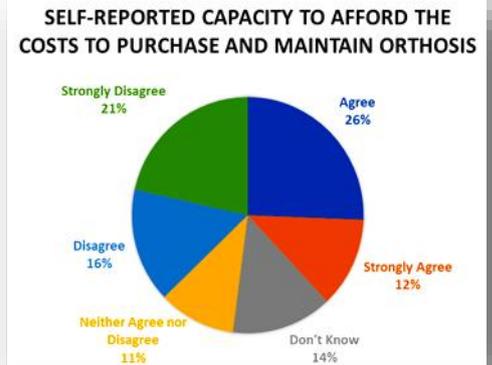
OTHER MESSAGES TO HEALTH PROFESSIONALS

I have heard from both sides of the fence that it's not easy to get the right fit when it comes to orthotics. While there is work to be done, polio survivors were, on the whole, appreciative of what their health professionals were doing. 8% of people didn't feel they were a partner in the decision-making process for the prescription of orthotics and 3% felt they were not given the appropriate level of respect. Lastly, we highlighted at the conference that only a third of respondents felt there was sufficient sharing and coordination of information with other health professionals and GPs.

THE YEAR THAT WAS AND THE YEAR AHEAD

2018 saw over 580 health professionals trained with our workshops. We have started to deliver education to GPs, with two conferences at Brisbane and Melbourne. Next year, in conjunction with our workshop series, we have supplied universities with material and are in the process of developing an online course. There will be increased opportunity for health professionals to learn about the late effects of polio and assist polio survivors.

PS: The next survey we will be doing is on 'Fatigue'. . . 🌟



Australian Assistive Technology Conference

By Steph Cantrill

The Australian Assistive Technology Conference was held from Wednesday 14th to Friday 16th of November 2018.

The conference provided health professionals, developers and consumers with the opportunity to learn, share and discuss the importance of assistive technology (AT) as an enabler to independence and community participation. Technological advances were showcased, users gave their personal experiences of the importance of AT, and people were able to build their social and professional networks.



Polio Australia's Steph Cantrill, along with polio survivor and advocate Peter Willcocks, presented at the conference, with the topic: *"Still here and still needing AT: the complex needs of polio survivors."* The session was well received, and led to a few interesting conversations afterwards. It was a great opportunity to get the message out that there are still thousands of polio survivors in Australia, many of whom are experiencing the Late Effects of Polio, and that their needs for AT are many and varied. 🌟

Pedorthics: Striding Ahead Conference



Polio Australia's Steph Cantrill also presented on *"Getting the Assessment and Prescription Right with Polio Survivors"*, including some preliminary results of the recent Orthotic Users' Survey, at the *Pedorthics: Striding Ahead* conference on 22 September 2018.

This presentation was made on behalf of Clinical Educator, Paul Cavendish, and provided a great opportunity to talk about the unique needs of polio survivors with a group of pedorthists and podiatrists. 🌟

Brisbane General Practice Convention and Exhibition

In the meantime, Paul and Jake Malsbury, PA Admin Officer, attended the [Brisbane General Practice Convention & Exhibition](#) on 14-16th of September 2018.

With the chance to network with various health professionals from across the state of Queensland, Paul and Jake were able to educate delegates on the Late Effects of Polio and the work we do at Polio Australia.

They received great interest from many GP's as well as significant positive feedback for Paul's talk on the Late Effects of Polio. Great job Paul and Jake! 🌟



Jake Malsbury tending Polio Australia's Exhibition Stall

Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 August to 31 October 2018. Without you, we could not pay our rent, core operating expenses, or management staff!

Hall of Fame

Jill Pickering—\$20,000

Total—\$20,000

General and Regular Donations

Myrith Barr Jill Burn Simone Cassidy Barbara Cunningham Kim Duong

Joyce Hay S Langford-Wilson Wilf MacBeth Retreat Raffle Shepparton Info Session

George Seabrook Isolina Stansfield Liz Telford Gillian Thomas

Total—\$2,128.32

Rotary Club Donations For *Walk With Me*

Rotoract Club of Brisbane CBD (Qld)—\$500

Rotary Club of New Farm (Qld)—\$300

Total—\$800

Walk With Me

Glenselg, South Australia

11th October 2018

Polio Australia's annual fundraising event

Polio Australia's annual "Walk With Me" event aims to raise awareness about the Late Effects of Polio.

Funds raised allow us to continue to support polio survivors and provide education to health professionals.

As of November 2018, 55 people have generously donated \$8,619.55



\$4,184.55 to Team Polio Australia (includes Rotary above)
 \$4,235.00 to Team Polio NSW
 \$400.00 to Team Victoria/PNV
 \$250.00 to Team Victoria/PPV
 \$250.00 to Team SA
 \$100.00 to Team QLD

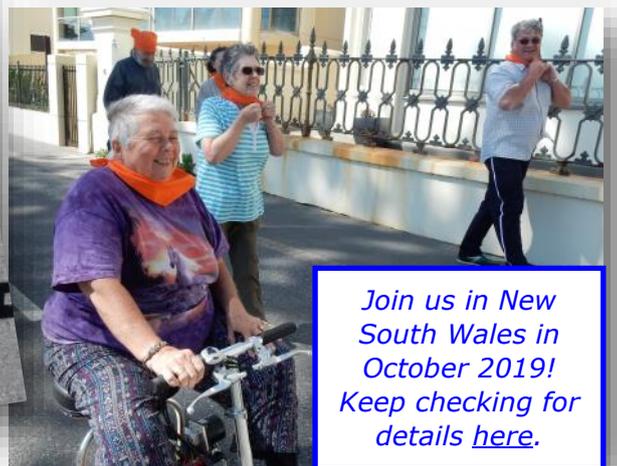
Donations for this event will be accepted until 31 December 2018.

www.polioaustralia.org.au/walk-with-me-2018/

Where agreed, 50% of donations raised by participating state networks will be allocated to those states to enhance their support for polio survivors.

Grand Total—\$31,547.87

Walk With Me Pictorial Highlights



Join us in New South Wales in October 2019! Keep checking for details [here](#).

Dare To Dream

By Steph Cantrill
Community Information Officer

At a recent ARATA (Australian Rehabilitation & Assistive Technology Association) [Australian Assistive Technology Conference](#), there was a presentation by an engineer from New Zealand who customises equipment to meet the specific needs of people with various disabilities. Some examples were wheelchair modifications, an electric toothbrush with an extra-large power button, and a hospital-friendly arcade game made from salvaged and recycled materials.

I gave a presentation titled "*Still Here and Still Needing AT: The complex needs of Polio Survivors*" on behalf of Polio Australia, along with a polio survivor to share his lived experience.

After our presentation, the impressive inventor-engineer approached my polio survivor associate, and asked him an interesting question: "*What is your dream piece of equipment?*" This was a great question, I thought. Why not get people to think big? So much of what we call assistive technology – all the gadgets, contraptions, and adaptations to everyday equipment that make life easier for people – must have come about from somebody daring to utter "*I wish...*"

Without much hesitation, the polio survivor gave his answer: "*A programmable wheelchair*". Upon request for clarification, he added, "*It's been a long day and I'm tired. I need to get to the station after this. I wish I could just enter the name of the station into my wheelchair, sit back and have the chair take me there.*"

This got me thinking. Really, the age of self-driving cars is almost upon us, so why should self-driving wheelchairs be far away? It wouldn't take too much technological advance beyond what's already at our fingertips. It just needs someone to come along and make it happen. Watch this space, I reckon!

And then the next question is – if you could have any piece of equipment, to help you do anything at all, what would it be? 🌟



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SCA33002

Senate Report On Motor Scooters

By **Kymerly Martin**

Source: www.freedom2live.com.au
—3 October 2018

A nationally consistent regulatory framework for motorised mobility devices (MMDs) was one of the key recommendations to emerge from a Senate inquiry. The Senate Standing Committee on Rural and Regional Affairs and Transport also noted that any future regulation of mobility scooters and motorised wheelchairs needed to be evidence-based and recognise the importance of safety of users and others, but not add any additional barriers or make access and inclusion more difficult for a frequently marginalised section of the community.

There was general consensus around the continuation of a 5 km/h minimum speed and a 10 km/h maximum speed. The committee suggested that this evidence be taken into consideration by Austroads as part of its future deliberations. The committee also recommended that Austroads take the report, and the evidence provided to the inquiry, into account for the purposes of its deliberations, in particular, education of users as well as licensing and registration arrangements and third party insurance.

From the very early stages of the inquiry, submissions from road transport and traffic agencies, community organisations and individuals expressed clear support for the development of a nationally consistent approach. Submitters also stressed the importance of finding a way to achieve both consistency and clarity in relation to the use and safety of mobility scooters and motorised wheelchairs.

Stakeholders acknowledged that achieving this outcome represented a challenge, from both a policy and legislative perspective. Researchers also concluded that motorised mobility device users, vendors and health professionals needed to work together to identify mobility devices that best fulfilled users' needs, were reliable and safe.

While the weight of mobility devices was raised throughout the inquiry, it was not identified as a key safety concern by submitters. However, the committee did have concerns about the lack of clarity in regard to weight limits and was of the view that further research is required to determine whether weight limits have any major impact on safety, and whether it is necessary to set limits in future regulations.



The inquiry has determined that there is considerable agreement around the need to develop less complex, nationally consistent rules and regulations relating to the use of motorised mobility devices. Based on evidence provided to the committee during its inquiry, the committee suggests that there is a high level of agreement amongst stakeholders in relation to:

- the need for individuals to be assessed by a medical professional, such as an occupational therapist (OT), prior to purchasing a motorised mobility device;
- the need for individuals to purchase a motorised mobility device that is suitable for both their needs and their (physical and mental) abilities;
- the need for users of motorised mobility devices to have access to appropriate training;
- the need for consistency in relation to the speeds at which motorised mobility devices are permitted to travel (including a maximum speed of 10 km/h);
- the need for further consideration to be given to implementing a simple, low-cost system which covers the licensing, registration and insurance of motorised mobility devices, including mobility scooters and motorised wheelchairs;
- the need for individuals to have met both medical and training requirements prior to being permitted to purchase, register and insure their motorised mobility device.

The committee was also of the view that the current lack of up-to-date data makes it very difficult, if not impossible, for authorities to determine exactly what the specific problems are that they need to mitigate against and supported the call for additional research.

Read full story [here](#) and to access the Government Report, click [this link](#).

Austrroads MD Rejects Prosecution Claim For MMDs

By Kimberley Martin

Source: www.freedom2live.com.au
- 17 October 2018

The suggestion that up to 30 per cent of wheelchair and scooter users could face prosecution if these devices were used on public footpaths because of their instability has been strongly rejected by Austrroads managing director, Nick Koukoulas, describing it as "absolutely inaccurate".

Koukoulas was responding to a media release from Scooters Australia managing director, Peter Fraser that Austrroads is proposing to make it illegal for any Class A scooter or wheelchair to be used in a public place on footpaths in Australia. The Class A category includes portable and collapsible mobility scooters and electric wheelchairs which are estimated to be used by nearly a third of mobility scooter users. The devices have been available for 20 years and can be purchased through the National Disability Insurance Scheme (NDIS).

According to Koukoulas the issue is devices that are designed specifically for indoor use are being passed off as suitable for use on footpaths and other public infrastructure. Their lightweight design, accompanied by small wheels and a high centre of gravity, makes them significantly more likely to topple over on gradients or navigating bumps on a path.

"The technical specifications will allow many small portable devices to meet the requirements for a blue or white label. These will need to be tested to the existing class B requirements for indoor/outdoor devices. However many devices that have been specifically manufactured for indoor use won't meet the requirements for a label. These are not designed for use on footpaths and won't be offered for sale as being suitable for use on such infrastructure", he said. "The labelling system is designed to make it clearer for persons at the point of purchase about the suitability of the device being purchased for its intended use".

Koukoulas said that further to this is the belief that standards are legal mandates when they are not. *"There are Australian and international standards that can be referenced regarding motorised mobility devices (MMDs), but none of the standards are law. The idea that legislation might be put in place to reference a non-binding standard is incorrect."*

According to Fraser, the Austrroads proposal does not prohibit the sale of these products, but proposes to ban them for use in all public areas which are under the control of state transport ministers. *"Portable scooters and powerchairs have become the most popular segment of the mobility market in Australia and around the world, simply because they have such broad applications. They can be taken on aircraft and cruise ships and fit easily into a car boot", he said.*

Changes To Accessibility Housing Standards

By Lizzie Hunter

Source: www.freedom2live.com.au
- 30 October 2018

Further evidence is needed to justify any regulatory changes to the National Construction Code when it comes to accessible housing. Speaking at the Australian Building Codes Board's Accessible Housing National Consultation forum in Sydney, ABCB senior project officer, Kieran O'Donnell said there has to be an identified need for change to happen. *"And we are trying to figure out what that need is."*

The national forums that took place this month provided an opportunity for the community to have their say on the ABCB's Accessible Housing Options Paper. Released in September, it provided a preliminary menu of options and costings on the possible inclusion of a minimum accessibility standard for housing in the National Construction Code (NCC).



The release of the paper followed calls from designers, researchers, people with disability and seniors for the government to introduce regulations mandating that new houses meet accessibility standards.

Accessibility Housing Standards *(cont'd from p11)*

O'Donnell told delegates attending the forum that the ABCB is looking at the level of unmet need for accessibility features within housing, rather than saying there's a problem with including those features.

"There are a few different figures as to how that unmet need is quantified", he said. "One figure we will use at this stage of the process came from Liveable Housing Australia where it was estimated around 5 per cent of housing that was being constructed complied with their guidelines.

"While that's not a large figure, it's worth noting that it does not mean that the other 95 per cent of houses are inaccessible. It simply means that within that 95 per cent, there is a portion of people who have made their own arrangements; another that will be supported through the NDIS and other programs or schemes; and finally those where the occupants have been unable to find housing appropriate to their needs, and these are the people we are looking to address through this project.

"We need further evidence and information if we're going to be able to justify advising a regulatory change to the National Construction Code."

Read full article [here](#).

International Pain Awareness Month

September was International Pain Awareness Month. Chronic pain is an issue that affects many people worldwide as a direct or indirect feature of numerous long-term diseases. However, despite affecting a huge and diverse patient population over many disease areas, the enormity of the challenges faced by patients living with chronic pain is often under-appreciated globally.

Read more in Pain Australia's e-news here: www.painaustralia.org.au/media/enews

painaustralia™
working to prevent and manage pain

Australia's pain burden: a snapshot

- 1 in 5** GP consultations involve a patient with chronic pain.
- 40%** of forced early retirements in people of working age are due to chronic pain.
- Chronic pain costs the Australian economy **\$34+ billion** per year.
- Effective and timely treatment could reduce this cost by **50%**.
- 1 in 5** Australians (including kids and teens) are affected by chronic pain.
- 1 in 3** over 65 are affected by chronic pain.
- 80%** of aged care residents are affected by chronic pain.
- 30-40%** of Australians with chronic pain presenting for treatment have major depression.
- Suicidal behaviour is **2-3** times higher in people with chronic pain than the general population worldwide.

For help with ongoing pain visit: www.painaustralia.org.au

CHRONIC PAIN RESULTS IN COSTS TO QUALITY OF LIFE AND OUR ECONOMY

- Effective and timely treatment could reduce this cost by **50%**.
- \$34+ billion** in costs.
- 40%** of forced early retirements in people of working age are due to chronic pain.
- The annual cost of pelvic pain alone in Australia is **\$6 billion**. It affects **5%** of girls and women and equates to **11 hours** of productivity a week.
- Productivity costs associated with arthritis and other musculoskeletal conditions alone were estimated to cost the economy more than **\$7.4 billion** in 2012.

painaustralia

Barriers To Accessing Quality Palliative Care

Australian Healthcare Associates (AHA) has been engaged by the Australian Government Department of Health to explore the barriers that people may experience in accessing quality palliative care.

What is palliative care?

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness. This is done through the prevention and relief of suffering by early identification, assessment and treatment of pain and other physical, psychosocial and spiritual problems (World Health Organization).

The project focusses on nine groups of people who are under-served or have complex needs.

If you are from one (or more) of these groups, AHA would like to hear from you – whether you have experience of palliative care services or not.

- **People with a disability**
- People who are lesbian, gay, bisexual, transgender or intersex (LGBTI)
- People from culturally and linguistically diverse backgrounds

- Aboriginal and Torres Strait Islander people
- People experiencing homelessness
- Veterans
- Refugees
- People who have been incarcerated
- Care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations) and people affected by forced adoption or removal.

We'd like to hear your thoughts on end of life and palliative care, barriers to access, and how services could be improved. You can talk to us on the phone or in person, or be part of a group discussion. Anything you tell us will be kept anonymous.

Participants will be reimbursed with a \$30 gift voucher and we will also provide light refreshments.

To be involved, or for more information, please ring Greer or Shae at AHA to book an appointment or telephone interview on 1300 788 667 (local call cost) or email palliativecare@ahaconsulting.com.au.

Visiting Sister Kenny's Memorial

Visiting Sister Kenny's Memorial at Nobby, Darling Downs, Queensland

Dr John Tierney OAM National Patron Polio Australia

Driving back from Brisbane to Newcastle recently, Pam and I took the inland route via the Darling Downs and there in the run-down hamlet of Nobby in rural Queensland, stood a modern brick building housing a memorial to the work of Sister Kenny, the pioneer of the most effective treatment for polio survivors in the first half of the last century.

For her ground-breaking work, Sister Kenny received many honours from the medical community overseas but nothing from Australia, where her treatments were opposed by the 'experts'. It was only when her adopted daughter, who also became a polio therapist, took the initiative, that this memorial was

created by private donation and the support of the Country Women's Association.

Why the hamlet of Nobby? It was here, on the rich soils of the Darling Downs, that the Kenny family finally settled and farmed at the turn of the twentieth century and where Sister Kenny grew up. The creators of the local memorial building have done her proud. As the [photos](#) show, around the building interior is memorabilia including large posters that are testament to the width and depth of her work for polio survivors world-wide and the international communities' recognition of her contribution.

In one touching document is recorded stories about what Sister Kenny did for individual survivors, in their own words or that of their descendants. Sister Kenny died aged 72 in nearby Toowoomba in 1952 and so didn't live to see the Salk vaccine largely rid the world of the scourge of polio.



Have you visited Polio Australia's "Still Here!" website yet?

You can read more stories like Dr John Tierney's visit to Sister Kenny's Memorial, complete with photos. You can also catch up on various polio-

related newspaper articles and radio interviews. And much, much more!

www.stillhere.org.au

Growing Up With Polio In Australia In The 1950s

By Dr John Tierney

On a hot January afternoon in 1946, the country doctor hurried from attending a polio case at a home in Cooma, to the local hospital to deliver me. Ten years before the Salk vaccine became available, he brought with him the poliovirus on his fingers. It was a pity that he didn't wash his hand more thoroughly! Ten thoughtless seconds dramatically switched the direction of my future life path, to one of slow deteriorating physical disability over seventy plus years – so far.

I spent my first three weeks of life in the hospital, strapped to a board placed at a 45 degree angle to assist my breathing. The poliovirus attacks the nervous system and disables, in varying degrees, the muscle movements that the nerves control.

Only people over seventy years old now would recall the terror that families felt during the polio epidemics that blighted Australia about every ten years between 1910 and 1960, before the widespread use of the Salk vaccine. The poliovirus presents like flu, but overnight it can do irreversible damage to the body's nerves, muscles and eventually joints. The fear of the spread of polio in the Australian population in the first half of the 20th century was like the fear that is currently generated by the Ebola virus in Africa.

I was born into a family of athletes when I contracted this condition. My mother was a Riverina region athletics champion. My brother, Jeff, carried the Olympic torch on the road to Melbourne in 1956. My other brother, Michael, was an even better athlete, and with minimum practice, took out many Blues at the Illawarra regional sports carnivals every year that we were at high school. There is a family photo which shows my brother Michael wearing a chest full of blue and red ribbons.

In my entire 'athletics career', I managed one yellow ribbon (with nothing written on it). I think that I received this award for 'having a go', and it was presented to me at the Eden District sports carnival in 1951, when I finished well behind the field in the five year old 100 yard dash.

More than 50 years later, when I retired from the Australian Senate, I received a letter of thanks for my service to the community from a man who had watched me run in this race on the south coast of NSW all those years ago. What had caught the crowd's attention, it seems, was that I took part in the race with a caliper strapped onto my polio leg. This wasn't made of light titanium steel, but of railway track grade iron! "You came a very bad last", he wrote, "but you were first in the hearts of all those who watched."

My parents allowed me to be in the race as part of their 'normalisation' program. Such an approach fits in quite well with the typical polio survivor's 'A Type' personality. As a group, we tend to be overachievers, because polio couldn't stop us, and neither will anything else. My two older brothers also took up the normalisation cause with great gusto. Our home in Eden was near the cliffs above Aslings Beach. They didn't really care that a six year old with a severe disability was following them down the cliff face to the beach far below. I remember being stuck on the side of the cliff at one point but they didn't come back to help. They probably thought that the near death experience would toughen me up.

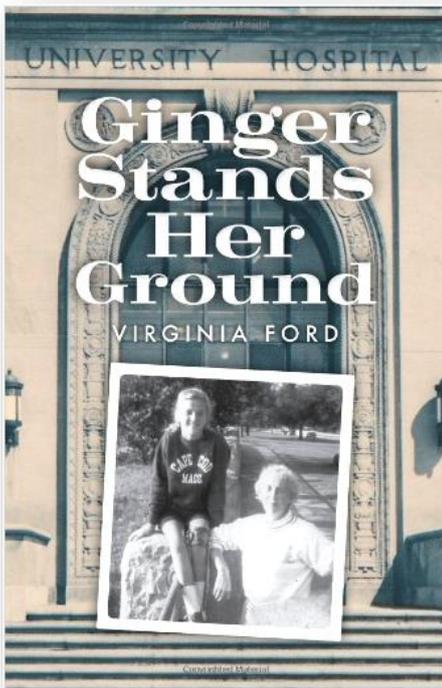
In a similar vein, my brothers really excelled themselves one day when, as a six year old, they gave me the job of 'chief mole' to test if their new hand-made underground tunnel, which was dug to connect two cubby house caverns, was wide enough. As one brother pushed from one end and the second one pulled from the other, I became stuck in my earth tomb. This must have created PTSD (post-traumatic stress disorder), as I can still vividly recall the smell and feel of fresh earth all around my head and body.

In my 1950's childhood, hospitals were part of an annual routine for tracking my ongoing disability caused by polio. I was one of the lucky ones because I only went for checkups. Many years later, I heard horror stories from fellow polio survivors who had been kept in hospitals for years of ongoing therapy. Some of it, such as the use of the notorious *Double Thomas Splint* (a cross shape frame), was designed to keep the child's body limbs immobilized and straight.

Our foundation President of Polio Australia, who now is virtually quadriplegic, as a baby spent almost 24 hours a day on this device for about twelve months! Medieval torture chambers would have been proud of such an invention. Also in the polio children's wards, parental visits were often not encouraged because, for these preschool children, it was felt that the departures of the parents after the visits could be 'upsetting'. Sometimes parents could only ever see their young crippled children through glass screens. Even now, PTSD counselling is needed for many of these polio survivors in their latter years.

I was unaware of such horrors as I made my pilgrimage from Eden on the far south coast of NSW to the Camperdown Children's Hospital in Sydney for my annual checkups. I still vividly recall entering that hospital with its squeaky green lino and the ever present smell of disinfectant.

Book Review



Ginger Visel contracted polio in the winter of 1950, when she was not yet five years old. Her life would never be the same. By the time the virus was through with her, she had a withered leg, weak muscles, and hip trouble that required multiple surgeries.

The University of Michigan Hospital became a second home, the March of Dimes a reliable support system, and leg braces an everyday part of her wardrobe. In the era before ramps and automatic doors, Ginger had to learn to adapt to a world not built for her.

Surrounded by ten siblings and guided by an unstoppable mother, she met every challenge with determination and an unshakable faith in God. With equal parts cheerful humor and honest vulnerability, Ginger recalls desperately trying to fit in at school, the terror of learning to drive a hand-controlled car, the near-impossibility of finding an accessible college, and the worry that she'd never get married and have a family of her own.

Both a universal coming of age story and a look at the complexities of being disabled before the ADA, *Ginger Stands Her Ground* is an inspiring story of the meaning of family, the importance of faith, and the ultimate triumph of love.

Available through [Amazon](#).

Growing Up With Polio In The 1950s *(cont'd from p15)*

The visits through the wards containing dozens of young polio survivors were traumatic. Many were in iron lungs because they would die within ten minutes if they were taken out of these breathing machines. The luckier ones were immobilized in hospital beds. Each year, the doctors would lay me down on a couch and measure the length and dimensions of my limbs and compare these readings to those taken in previous years, to track the ongoing development of my disability. There has never been any treatment to cure polio or its deadly after effects, just monitoring.

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

Why was it necessary to put this instrument of torture on every night? When polio strikes, it kills off many of the nerve connections [which innervate] the muscles. [The resulting muscle contracture can affect joints, ligaments and tendons, distorting the skeletal frame]. Polio will also do more damage to either the left or right side and to either the top half or the bottom half of the body. In my case, it was lower and left. My worst damage from polio was initially in my lower left leg and foot, leaving me with a thinner and shorter leg. During the day, to also assist with keeping the leg straight, I wore an iron calliper on my left leg until the age of 12.



Continue reading John's anthology on Polio Australia's www.stillhere.org.au website [here](#).

New Polio Vaccine

This New Polio Vaccine Has One Crucial Difference, And It Could Finally End The Disease For Good

By Mike McRae

Source: www.sciencealert.com

– 28 November 2018

Just 22 people contracted polio in 2017. It's a whisper away from eradication, but due to the challenges involved in getting the vaccine to where it's needed most, the extinction of the polio virus in the wild remains just out of reach.

The end might finally be in sight thanks to a new method for preserving the preferred inactivated form of the vaccine – this new method requires no refrigeration. As a freeze-dried powder, the vaccine can now be shipped into places previously off limits, to provide much needed immunity to the handful of populations that are still at risk from this devastating illness.

Scientists from the University of Southern California worked with researchers from the drug manufacturer Integrity Bio to develop a process that removes the moisture from inactivated poliovirus vaccines (IPVs) without affecting their effectiveness, improving their stability at ambient temperatures.

"However, no matter how wonderful a drug or vaccine is, if it isn't stable enough to be transported, it doesn't do anyone much good", says the study's first author, Woo-Jin Shin.

Polio vaccines come in two varieties. The first was famously developed by Jonas Salk in the 1950s, and involves an injection of broken-up poliovirus particles. A second method was developed the following decade by the Russian-born medical researcher Albert Sabin. Though it requires no needles, his easy-to-deliver oral vaccine is based on a live, weakened form of the virus, so carries some risk of catching the disease.

That risk isn't exactly huge. Only 96 cases of vaccine-derived polio occurred in 2017, and the chances of those with the virus suffering its debilitating symptoms are also extremely small. Still, it's a risk we could do without. So the Global Polio Eradication Initiative is phasing out its use altogether and sticking to the injected vaccine.

Using IPV is certainly the safer bet, but as with most biological materials, light, temperature, and other environmental conditions make short work of its proteins, making it useless when it comes to inoculating against a disease. If kept at a chill 2 to 8 degrees Celsius (35 to 46 Fahrenheit), vials of IPV can be stored for up to four years. Otherwise, they go off like fish on a summer's day.



Freeze-drying the vaccine's ingredients can help stretch out their use-by date considerably, a method already used to ship vaccines for measles, typhoid and meningococcal disease into remote corners of the globe. But dehydrating IPV has proven more challenging, resulting in less than impressive stability at ambient temperatures.

Finding a new process isn't all that hard. At least, not in principle. *"Stabilisation is not rocket science, so most academics don't pay much attention to this field",* says Shin. What is hard is knowing which methods are winners, and which turn a potentially life-saving vaccine into an ineffective pile of dust.

So the team started by devising a new in vitro assay for determining the potency of IPV following its preparation. They then went about sifting through various formulations for freeze-drying using high performance liquid chromatography to rapidly sort which ones would still work their magic.

The result was an IPV that could be kept at temperatures of up to 37 degrees Celsius (99 degrees Fahrenheit) for four weeks and be just as effective as non-freeze-dried vaccines that had been kept at a chilly 4 degrees Celsius (39 degrees Fahrenheit). Tested on mice, the rehydrated form of the vaccine still provided the same level of immunity.

Polio is a disease most of us could be forgiven for thinking is already extinct. No cases have been recorded in the US since 1979. Prior to immunisation, annual cases could be as high as nearly 60,000 during outbreaks. Among adults with paralytic forms of the illness, up to nearly a third faced death.

There are three strains of the polio virus. One was officially declared wiped out in 2015, some 16 years after the last of its kind was detected in India. Another hasn't been seen since 2012. But that still leaves one variety persisting in communities in Pakistan and Afghanistan. If we're to truly see an end to it, and avoid a return to those epidemics, we'll need to overcome all obstacles. The world need this vaccine to finish the job.

This research was published in [mBio](https://doi.org/10.1126/science.1254444).

Polio-Like Condition In U.S.

Cases of rare, polio-like condition in U.S. highest since 2016.

By **Alex Dobuzinskis**

Source: www.reuters.com
– 27 November 2018

(Reuters) - A rare, polio-like condition has sickened 116 people in the United States so far this year, the highest number of cases since 2016, the U.S. Centers for Disease Control and Prevention said on Monday.

CDC officials have said they do not know what causes acute flaccid myelitis or AFM, which affects the nervous system and triggers weakness and even paralysis in one or more limbs. The vast majority of patients are children.

In 2014, when 120 patients were diagnosed, the CDC began investigating cases of the disease, which it estimates affects one out of 1 million people in the United States.

Since 2014, the number of cases has spiked every two years in the United States. Last year, the nation had 33 confirmed cases, while in 2016 it had 149.

"It is pretty concerning that it's going up and we

still haven't figured out specifically how to prevent this or how to treat it", Dr. Emmanuelle Tiongson, pediatric neurologist at Children's Hospital Los Angeles who has evaluated and treated patients with the condition, said in a phone interview.

One phenomenon researchers have observed is the illness is particularly prevalent between August and October, a period when many viruses commonly circulate, according to the CDC.

The disease could be spread through infection, which would explain why there have been clusters of cases in certain states, Tiongson said.

The CDC on Monday provided a state-by-state breakdown of cases for the first time this year.

Colorado reported 15 confirmed cases of the disease and Texas had 14, followed by Pennsylvania, Ohio, Washington state and Minnesota, which each had eight cases, according to the CDC.

States with large populations or good methods for reporting the disease are more likely to have a larger number of cases, according to the CDC.

In some patients, the partial paralysis they suffer due to the illness will be a lifelong condition, Tiongson said. ●

A World Without Polio

What Must Be Done to Create a World Without Polio?

By **Barry Rassin, Tedros Adhanom Ghebreyesus**

Source: time.com — 24 October 2018

Rassin is President of Rotary International; Dr. Adhanom Ghebreyesus is Director-General of the World Health Organization; both organizations are members of the Global Polio Eradication Initiative.

Thirty years ago, the world united under a bold promise: a future free from polio.

In the decades since, organizations from across the world have worked alongside dedicated governments and health workers to make good on that promise. In addition to developments like improved access to clean water, vaccination efforts like those led by the Global Polio Eradication Initiative have yielded an incredible drop in wild poliovirus cases: from 1,000 a day in 1988, to 22 in all of 2017. If we finish the job, polio will become only the second human disease, after smallpox, to be wiped from the face of the earth.

But the road to eradication has been longer and harder than expected. While last year saw a record-low number of wild polio cases, we have fallen short of stopping the disease completely. One child affected is too many, and so far this year there have been 20 children paralyzed by wild poliovirus.

At the same time, there have been outbreaks of vaccine-derived polio, which occurs in rare instances when the weakened virus in the oral vaccine mutates to virulence, and can spread easily in large, unvaccinated populations. These outbreaks have occurred in high-risk countries like the Democratic Republic of Congo, Papua New Guinea, Somalia and Niger, and indicate that we are failing to reach enough children.

No matter the setting or viral strain, these challenges share a common cause: barriers to reaching every child. In Afghanistan, for example, nomadic populations, cross-border movement, insecurity and difficult terrain mean that many vulnerable communities remain inaccessible to polio vaccinators.

Though where we do gain access, the impact has been profound.

A World Without Polio *(cont'd from p18)*

In Pakistan and Nigeria — which, along with Afghanistan, make up the world's three final polio-endemic countries, down from 125 countries in 1988 — we are steadily reaching more children and the number of polio cases is dwindling, showing what is possible when we gain new ground.

For the children and families affected, contracting polio is a tragedy. For us, every new case is also a lesson — pointing to where we need to intensify our efforts and reminding us how quickly polio can come surging back if we aren't vigilant.

For every paralyzed child, there are an estimated 200 others who carry the virus without any symptoms. This is why, even as the world sees just a handful of cases, we must reach millions of children each year to prevent a massive resurgence of polio. If these vaccination efforts ceased, the consequences would be catastrophic. Within 10 years, polio could be back on every family's doorstep, paralyzing as many as 200,000 children each year.

We understand that delivering vaccines is no simple task. Polio has taken refuge in some of the most complex and dynamic environments in the world. But over time we've learned how to deliver health services in the face of extreme adversity, even in areas with almost no infrastructure.

We proved this in 2016, when the virus resurfaced in Nigeria after two years without a case. A critical front in the response was Lake Chad, a massive body of water that borders Nigeria, Chad, Cameroon and Niger. Health workers painstakingly mapped the many islands that dot the lake and traveled hours by canoe, reaching hundreds of settlements for the first time. Solar-powered refrigerators they brought along kept the vaccines cool.

Today, there are still parts of Nigeria where we can't reach children or properly track the virus, due to a combination of inadequate infrastructure, population movements and insecurity. But while we remain cautious, we have yet to see another case of wild polio since the 2016 outbreak.

Our partnership has also demonstrated its capacity to operate strategically, despite insecurity. Last year in

Syria, after conflict led to blockades that prevented health workers being able to reach cities, we responded quickly and effectively to an outbreak of vaccine-derived polio. We vaccinated fleeing children at transit centers and camps, and we partnered with local authorities to quickly administer vaccines during windows of safety — strategies we have used in conflict zones worldwide. As a result, Syria has seen a year without another child paralyzed.

We have also worked globally to strengthen local health systems and respond to community needs beyond polio vaccination. In Karachi, for example, Rotary International is working with local partners to install water-filtration systems in at-risk communities. Similar projects — including delivering bed nets, nutrition supplements and vaccines against measles, meningitis and tetanus — go on every day, anywhere that we fight polio. And this infrastructure will not disappear with the last poliovirus, but can be repurposed to fight other diseases and accelerate progress toward ambitious global goals like universal health coverage long after polio is eradicated.

These examples illustrate the tenacity of this coalition, which — thanks to committed vaccinators, donors and advocates around the world — has come so far since making that promise in 1988 to rid the world of polio. We are so close to keeping that promise. We have seen how readily the virus can push back, but we are more committed than ever before.

There was a livestream for Rotary's 2018 World Polio Day Event on October 24, at www.endpolio.org.

Read full article [here](#). Click on the picture below to watch the movie trailer. 🎬



From Polio Victims To Polio Eradicators

FROM POLIO VICTIMS TO POLIO ERADICATORS, ON THE FRONTLINES OF PAKISTAN'S BATTLE AGAINST POLIO

Source: polioeradication.org

- 23 October 2018

Polio frontline workers ensure that no child is left behind during door-to-door immunization campaigns.

For some of these workers, the cause of polio is very personal. They have been paralyzed by polio themselves, and today, they are the greatest champions and advocates of polio vaccines within their communities.

On World Polio Day, meet Rozi, Ashfaqe and Bushra who are ensuring that no child succumbs to polio as they did.

Rozi Ahmed – Permanent Transit Point Supervisor, 31 Chaman, Kila Abdullah, Balochistan



Photo: *Rozi Ahmed, 31, is using his exemplary tale as a polio victim to convince refusal parents to vaccinate their children. @whopakistan/Saima GulRozi Ahmed, 31, vaccinating a young girl at the Friendship Gate PTP. @whopakistan/Saima Gul*

"I was only a year old when I contracted polio virus. The infection was almost immediate and within two days, I was paraplegic and also lost function of one of my arms. Afterwards, my parents took me to several doctors and "mullahs" (religious scholars), but the disease was irreversible.

Being a person with disability, studying in a regular government school was too much of a hindrance in terms of physical accessibility. Consequently, I dropped out of primary school because I felt the environment was not inclusive for people like me. Residing near the Pakistan-Afghanistan border, the Friendship Gate, I would always notice the workers administering polio drops at border. As inspiring as it was to see their commitment to vaccinate hundreds of

children every day, I noticed a lot of parents rejecting the vaccination as well. Seeing this, I resolved to work as a polio worker myself to raise awareness about the disease and the vaccination itself.

Today, I, along with 40 other workers at the Permanent Transit Point (PTP), vaccinate children every day. I hope that by doing so, my own example will serve as a cautionary tale for the parents and the larger community. I would not wish this disease on any child, which is why I am determined to end polio."

Ashfaqe Naveed- Area Supervisor, 31 Pawakai, Peshawar, Khyber Pakhtunkhwa



Photo: *ShoaibAshfaqe Naveed, 31, from Khyber Pakhtunkhwa is a committed worker in fight against polio. @whopakistan/Muhammad Shoaib*

"Belonging to rural Khyber Pakhtunkhwa (KP), the polio vaccinations were not considered vital for a child's health owing to misconceptions and myths. I was only a year old when polio virus left me paralyzed in my right leg. As a result, I could not walk or play like the other children.

Growing up, I was always on the outside looking in as I was never able to perform routine tasks with ease. Most of all, I was shunned by the community for being disabled. Determined to change my circumstances, thanks to my supportive family, I was able to get special corrective equipment and went on to not only stand on my own feet, but also completed my Bachelor's degree.

I quickly jumped on the opportunity to work as a Social Mobilizer in the Polio Eradication Initiative. Since then I have sought to not only vaccinate children, but also sensitize parents and the community about the irreparable dangers of polio and the importance of vaccinating all children under the age of five. I hope to see Pakistan rid of polio within my lifetime."

From Polio Victims To Polio Eradicators *(cont'd from p20)*

Bushra – Union Council Polio Officer, 34 Lahore, Punjab



Photo: Bushra, 34, determined to end polio to secure the future of children from permanent disability. @whopakistan/Anum Khan

"The biggest fear in a parent's life is seeing their child falling sick. One of my legs were paralyzed due to polio at just three months old. Since then, it has been an ordeal for my family and I.

Growing up, I was left out from sports, and being an avid sports fan, the experience was very isolating for me. The community members, my teachers, and fellow students often pitied my condition. These unfortunate circumstances made me all the more determined in fighting polio within my community.

For the past three years, I have been working as a Union Council Polio Officer in the Polio Eradication Team. Although the polio programme has made tremendous progress, the biggest threat to this programme is the lack of awareness and

convincing parents is a big challenge. By now, I have vaccinated hundreds of children, and I will continue to do so until we wipe off polio from within our country and communities." 🌟



**PAPUA NEW GUINEA
POLIO
OUTBREAK
RESPONSE
First 100 Days**

30 September 2018

It was early morning in late April 2018 when a six-year-old boy named Gafo woke up with hurting legs. He was excited to play with his friends so he ignored the pain. But he fell as soon as he got up from his bed – his legs were so weak that he could barely move.

In the next two days, Gafo's pain got worse, even with his mother Soya's constant massaging. On the third day, the family decided to bring Gafo to Angau Memorial General Hospital in Lae, Morobe, in the central northern coast of Papua New Guinea. After a series of tests, it was confirmed that polio was the cause of Gafo's paralysis. It was later discovered that the virus was circulating in the community.

For many weeks, Gafo was the nameless and faceless "first polio case in Papua New Guinea in 18 years" that was reported in the national and international media.

Read more [here](#). 🌟

Polio This Week

Source: [Polio Global Eradication Initiative](#) — as of Wednesday 20 November 2018

Polio this week in Papua New Guinea

- Three new cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported this week: one from East Sepik province and two from Enga province with onset of paralysis ranging from 17 August to 30 September.
- The total number of cases in the country in 2018 is now 25.
- Emergency Operation Centres are established and operational at the national level and in all affected provinces; environmental surveillance is functional in five sites in two major cities.

Travel advice

- WHO's International Travel and Health [recommends](#) that all travellers to polio-affected areas be fully vaccinated against polio.
- Residents (and visitors for more than 4 weeks) from infected areas should receive an additional dose of OPV or inactivated polio vaccine (IPV) within 4 weeks to 12 months of travel.

Wild poliovirus type 1 and Circulating vaccine-derived poliovirus cases

Total cases	Year-to-date 2018		Year-to-date 2017		Total in 2017	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	27	92	16	80	22	96
—In Endemic Countries	27	27	16	0	22	0
—In Non-Endemic Countries	0	65	0	80	0	96

Case breakdown by country

Countries	Year-to-date 2018		Year-to-date 2017		Total in 2017		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Afghanistan	19	0	11	0	14	0	2 Oct 2018	N/A
Democratic Republic Of The Congo	0	19	0	10	0	22	N/A	25 Sep 2018
Niger	0	8	0	0	0	0	N/A	14 Oct 2018
Nigeria	0	27	0	0	0	0	N/A	17 Oct 2018
Pakistan	8	0	5	0	8	0	7 Oct 2018	N/A
Papua New Guinea	0	25	0	0	0	0	N/A	30 Sep 2018
Somalia	0	13	0	0	0	0	N/A	7 Sep 2018
Syrian Arab Republic	0	0	0	70	0	74	N/A	21 Sep 2017

SPLISH! SPLOSH! SPLASH!

A FUN AND EDUCATIONAL CHARITY EVENT



Did you know that there are an estimated 400,000 polio survivors living in Australia today?

- Before the polio vaccines became available in the early 1950's-60's, polio epidemics swept through Australian schools, infecting thousands of children.
- Many of these children are now grandparents and are living with the Late Effects of Polio.
- Polio Australia helps them manage their unique health problems, but we need your help.

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THE EVENT

- You can try your hand at "puddle jumping", gumboot tossing, and designing your own gumboots for a fun prize
- Introduction to the book "I can jump puddles" by Alan Marshall
- Opportunity to raise money for a worthwhile charity

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- About the history of polio in Australia
 - Themes of diversity & bullying
 - Importance of hygiene and health
 - Why we immunise against disease

**STUDENTS
LEARN**

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TO ADD THIS EVENT TO YOUR SCHOOLS PLANNING SCHEDULE:

 bonnie@polioaustralia.org.au

 (03) 9016 7678