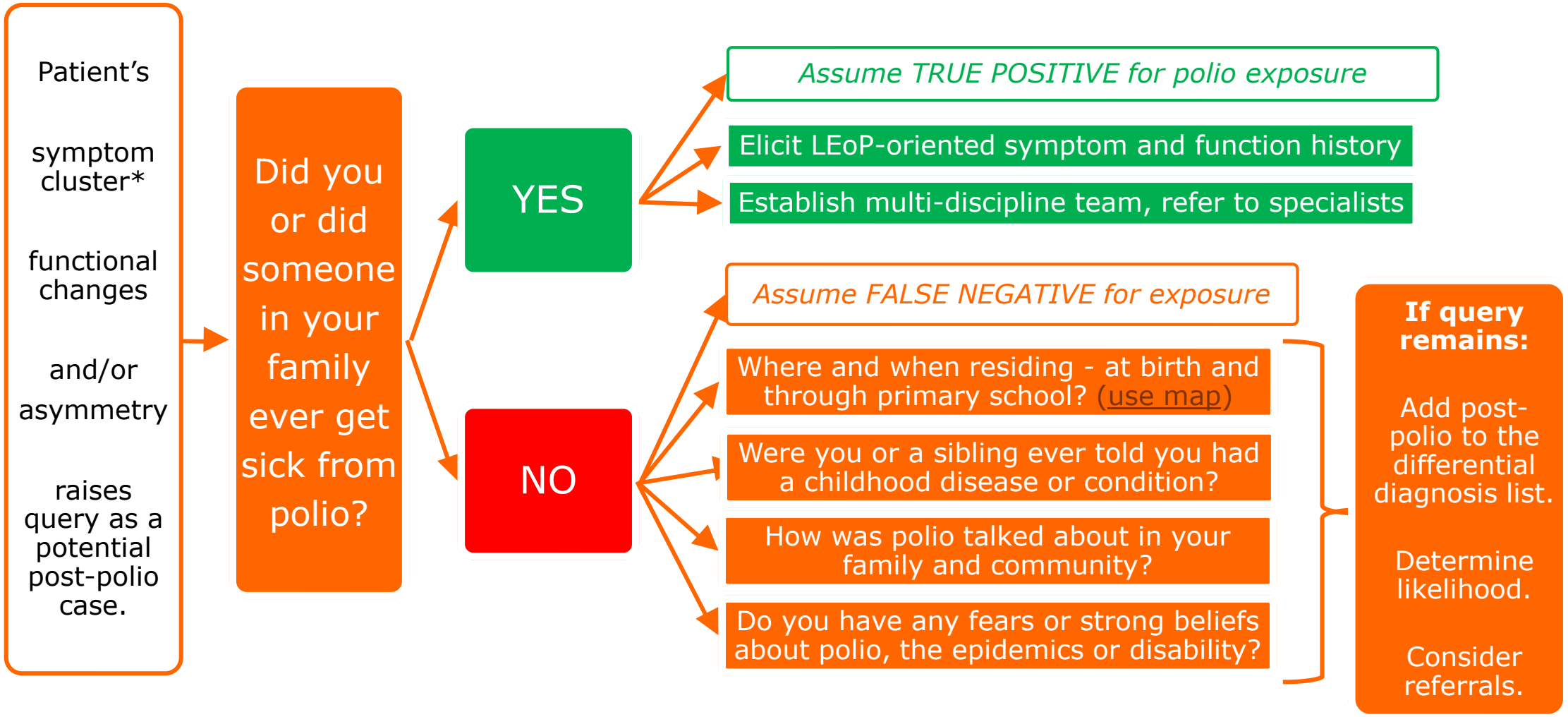
# SCREENING FOR EXPOSURE TO POLIO

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* PRIMARY SYMPTOMS (with high variability): Severe fatigue, asymmetrical weakness, chronic complex pain, sleep disturbances, speech difficulty, swallowing difficulty, cold intolerance.

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Improving health outcomes for Australia's polio survivors

# BARRIERS TO ACCURATE POLIO EXPOSURE SCREENING

1. The misunderstanding that polio caused paralysis only. Weakness is only one symptom in a cluster of six for LEoP.

2. The belief that those with post-polio conditions are 'rare'. Polio survivors are distributed across metro, regional and remote areas - at one per 600-1000 residents - and are slightly more common than those experiencing MS in Australia.

3. Those likely to develop LEoP (primarily the 8% who had viral symptoms or worse) don't know about their risk. Clinicians and the general public have limited awareness of post-polio conditions, and so do not ask about it.

4. Those exposed to polio may not have been told they had a significant infection, or their parents told them they had some other condition besides polio. This was to shield the family from the social implications of having polio in the epidemics era.

5. Those that know they had polio can be in denial about their functional changes, may be unwilling to report it due to polio-era stigma fears, or have not been informed by their health team to have LEoP on their health radar.

6. Immigrants with a history of childhood polio can be reluctant to share this part of their medical history. They fear it may threaten their residency, or may believe it is irrelevant to care as an adult in our health system.

7. The misdiagnosis of 'fitting' conditions. A mix of CFS, OSA, FM, RLS/PLM diagnoses may be irrelevant in context of a history of symptomatic polio infection decades earlier. Additionally, insidious asymmetrical weakness is not challenged as progressive paralysis from sub-clinical polio-related neuromuscular damage.

8. The mis-attribution of ageing as the aetiology of LEoP. Ageing compounds the early underlying damage from acute polio - systemic and functional thresholds are challenged and breached much earlier than ageing, and are progressive.

9. Face-value polio screening results in false negatives when attempting to identify polio exposure cases.

10. Uninformed clinicians repudiate 'polio' as solved, irrelevant, rare or unseen, thus dismissing the presence of tens of thousands of Australians now experiencing or feeling the emergence of LEoP.

Learn more at: https://www.poliohealth.org.au/diagnosis-and-management/

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