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Polio Oz News

March 2012 – Autumn Edition

A Moving Story

by Joan Smith



"That's a wise move" or "What a brave decision" are some common responses which left me feeling like Jim Hacker of "[Yes, Minister](#)".

They also left me questioning the wisdom of our decision. "*It's the right thing to do*" was another catch phrase, as is often heard from parliament when trying to justify dubious actions. It was OK for us but not for them!

However we pushed ahead with our decision to sell our much loved 1/3 acre garden and home amongst the trees in [the Dandenongs](#), to move to a retirement village. The rationale was all there – it was the logical, sensible course of action. While I loved being in our garden every day, in reality, I couldn't do much to help maintain it. My last couple of years included daily hospital visits and it put a strain on my husband and family to go the extra distance. Our peaceful little corner of Kallista had no access to public transport, no nearby shops, no suitable walking areas for me and it was a long way from medical services.

Reluctantly I entered another phase of my post-polio life. We put our house on the market and began selling off years of acquired treasures and possessions. The down-sizing helped me conclude

many objects were just 'stuff'. I put a few special pieces aside and over the nine months of weekly open house before selling I gradually became less attached; home became a house. I potted up some cuttings of special plants, while realising they probably wouldn't survive down on the flats.

We chose a 'villa' in a 'lifestyle village' which was quite close to our son, shops and hospitals. It offered us a new unit and all the usual amenities – library, heated pool, club activities and neighbours who nearly all moved at my pace.

Two weeks before Christmas moving day dawned. For the next six weeks it was constant work – shopping for furniture in acres of Ikea, sorting, re-sorting and fitting into allocated spaces. Needless to say there were a few more drop-offs to local Op Shops. For those six weeks I was in constant fatigue with a lot of pain, but I was driven to keep going until I could feel properly organised and in charge of my life again. Just as well we hadn't waited any longer before making the move. Over the last two weeks my physical condition has improved, although the climate change from hills to flats has added to the heat problems.

I've read lots of light novels, met other neighbours (some with past connections), sussed out the best local shops, returned to my craft activities and enjoyed lots of visitors. I really appreciated the overnight visits and help from my three grandchildren. We have a three bedroom unit so that we can have people stay over. My husband, Graeme, has started

setting up raised garden beds in our own back courtyard so I'll soon be tending flowers once again. Our longer term plan is to create a garden on the common ground in front of our place.

I love the look of our new furnishings and the easy-to-live-with floor plan. Housework is made easier with adaptations and convenient placement of appliances in junk-free rooms. The grounds are access friendly with flat sealed surfaces everywhere. I'm spoiled for choice in shopping centres.

Since moving into a new Shire, I've joined the Council's Disability Advisory Committee and submitted an article to the "*Village Monthly News*" about that role and also polio.

Without the garden perfumes, birdsongs and [Puffing Billy](#) whistles, this still doesn't feel quite like home. I miss the tall trees and cool fern gullies so much. We are gradually making the adjustment and can always visit our old haunts. There will be endless possibilities to join many activities as we settle in. I'm beginning to feel more confident that soon this house will become home, and that it was the right thing to do. 🌟



Polio Australia Inc

Representing polio survivors throughout Australia

Suite 119C, 89 High Street
Kew Victoria 3101
PO Box 500
Kew East Victoria 3102

Phone: +61 3 9016 7678
E-mail: office@polioaustralia.org.au
Website: www.polioaustralia.org.au

Contacts

President - Gillian Thomas
gillian@polioaustralia.org.au

Vice President - Arthur Dobson
polio.tas@hotmail.net.au

Secretary - Tessa Jupp
poliowa@upnaway.com.au

Treasurer - Neil von Schill
neil@polioaustralia.org.au

National Program Manager
Mary-ann Liethof
mary-ann@polioaustralia.org.au

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From the President



Gillian Thomas
President

Polio Australia is delighted to announce that we will be amongst a number of Witnesses at the House of Representatives Standing Committee on Health and Ageing's Roundtable Forum on polio and its late

effects at the end of March (P4). My first visit to Canberra was in 2007, with Polio Australia's Treasurer, Neil von Schill, and Dr John Tierney, who is now Polio Australia's National Patron. How far we've come in the last five years - although it certainly feels like it's been a long haul to get to this point. As polio survivors, it's taken a heavy toll on all of us. Last year, John took early retirement from his Director's role at Government Relations Australia, and Neil had a series of strokes which finally landed him in hospital last November. I am also feeling the strain of holding down Presidential positions with both Polio Australia and Polio NSW, and managing

the myriad other tasks our predominantly volunteer organisations require. So, this Roundtable Forum is not before time, and all our state Polio Network representatives are keen to present the issues both we, and our fellow polio survivors are facing as we continue to age with the late effects of polio. **"We're still here!"** and we hope to be for quite a few years to come. How well we manage our condition in our later years, as well as our general quality of life, will have a lot to do with how strong a case we can make at the Roundtable Forum. Acknowledgement and consequent funding by Federal Government funding, would go a long way to relieving many of the burdens of our ongoing legacy. 🌟

From the Editor



Mary-ann Liethof
Editor

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All Australians are familiar with Dorothia Mackellar's iconic poem ["My Country"](#), especially this verse: *"I love a sunburnt country, A land of sweeping plains, Of ragged mountain ranges, Of droughts and flooding rains."* Well, we've certainly been experiencing the 'flooding rains' all along the East Coast, with some towns in Victoria having to deal with no fewer than 7 floods in the past 2 years of [La Niña](#). Joan Smith (["A Moving Story"](#)-P1) describes the dilemma polio survivors face when they move house by choice. Being compelled to evacuate due to rising flood waters must add a whole extra layer of emotional and physical stress. Having said that, coping is something that most polio survivors do extremely well, isn't it?

Also in this edition you will read how to achieve a ["Happy Head Space"](#) by Kristy Lee Rackham (P8), and that ["Aging Aint' for Sissies"](#) in ["On Getting Older"](#) by Audrey King (P10). Audrey makes the observation that *"There is much wisdom about coping with aging from both polio survivors and able-bodied peers. There are many fine examples of living life well amongst the older people we admire in our everyday communities."* Maybe you're one of them! 🌟

Youth is like spring, an over praised season more remarkable for biting winds than genial breezes.
 Autumn is the mellow season, and what we lose in flowers we more than gain in fruits.
 ~Samuel Butler~

Ramesh Ferris 'Down under'

Polio Australia, in conjunction with Post Polio Victoria (PPV), are delighted to be hosting a visit by Ramesh Ferris in Melbourne from Monday 19th to Thursday 22nd March. Ramesh's visit is proudly being sponsored by GlaxoSmithKline (GSK).

Ramesh Ferris was born in December 1979 in Coimbatore, located in the Southern State of Tamil Nadu, India. He contracted polio at age six months and his legs were left paralyzed for life. With no means or access to rehabilitation for him, Ramesh's mother placed him in Families for Children, a Canadian-founded orphanage, a year later. Soon after, Ron Ferris, Anglican Bishop of Yukon in Canada, and his wife Jan began the lengthy process to adopt Ramesh and bring him over to Canada. With the support of his new Canadian family and after several operations, Ramesh learned to walk with crutches and braces for the first time at age 3½ years.

Since graduating in 2001 with his diploma in Social Work from Confederation College in Thunder Bay, Ontario, he has been active in his community working with at-risk youths, social welfare recipients and people of varying abilities. In recognition of his work with youth, Ramesh was awarded a Paul Harris Fellowship in February 2008 by the Whitehorse Rendezvous Rotary Club. In 2002, Ramesh returned to India to meet his biological mother and to visit the orphanage where he once lived. During the visit, Ramesh learned of polio survivors who, without the necessary medical attention and supports, were forced to pad their knees with cut-up pieces of tire and crawl on the ground.

After much reflection about his visit to India, Ramesh was determined to raise money in order to make a



difference in the lives of polio survivors and to prevent polio from claiming new victims. [Cycle to Walk](#) Canada was born, with a focus on Polio Eradication, Education and Rehabilitation. In 2008, Ramesh hand-cycled 4400 miles (7140 kms) across Canada. Along the route, he participated in 350 media interviews and made over 200 presentations at Schools, Rotary Clubs, Churches and various levels of Government. This campaign raised thousands of dollars and increased the awareness of polio dramatically.

In April 2010 Ramesh released his first book entitled, "[Better Than a Cure, One Man's Journey to Free the World of Polio](#)". Books are available for \$19.55 online at www.amazon.com, proceeds benefit Rotary PolioPlus for a Polio Free World. Ramesh is a Rotarian with the Whitehorse Rendezvous.

Ramesh features on the speaking circuit in India, The United States of America, Puerto Rico, Australia, and throughout his home country of Canada, talking about his experiences surviving the effects of this dreadful disease and the need

to end polio now. Ramesh has had opportunities to share the Message of Polio Eradication to delegates of the Rotary International Convention 2010 in Montreal, The Prime Minister of Canada Stephen Harper, Her Majesty Queen Elizabeth II, The Secretary of Puerto Rico, Former Governor of Alaska Sarah Palin, and to delegates at the United Nations Head Quarters in New York City.

Ramesh also presented at the [European Post Polio Conference](#) in 2011, prior to visiting Perth in November to take part in "The End of Polio Concert". The Concert was scheduled to coincide with the [Commonwealth Heads of Government Meeting](#) and Ramesh was able to meet with Nigerian President Goodluck Jonathan, Canadian Prime Minister Stephen Harper, British Prime Minister David Cameron, Pakistani Prime Minister Gulani, and Australian Prime Minister Julia Gillard, following the announcement of generous contributions to the Global Polio Eradication Initiative (\$50 million from Australia, \$15 million from Canada, 60 million naira from Nigeria, and \$40 million from the Gates Foundation).

Ramesh will be participating in a number of activities during his visit to Melbourne, including a welcome dinner with Mary-ann Liethof from Polio Australia and a few of PPV's members on Monday; a lunch time talk to Carlton Rotary and an evening presentation at General Practice Victoria on Tuesday; a presentation at a [PPV lunchtime forum](#) on Wednesday; a meet and greet at Wheelchair Sports Victoria; and final lunch presentation to GSK staff on Thursday.

It will be a treat to have Ramesh in Melbourne as he certainly knows how to put on a good show!

Roundtable Focus on Polio

After years of lobbying in Canberra, Polio Australia is delighted to announce that the [House of Representatives Standing Committee on Health and Ageing](#) will be holding a "Public Roundtable Forum on Post-Polio Syndrome/ Late Effects of Polio" in Melbourne on Friday 30th March 2012.

Polio Australia was asked to recommend nine Witnesses to participate in the Roundtable discussion and they are:

1 Dr Stephen de Graaff

Rehabilitation Specialist and Director of Pain Services, Epworth Rehabilitation

2 Arthur Dobson

Vice President, Polio Australia and Post Polio Network-Tas representative

3 Blaise Doran

Physiotherapist and Co-ordinator of Polio Services Victoria

4 Brett Howard

Committee of Management Member, Polio Australia and President, Polio SA

5 Mary-ann Liethof

National Program Manager, Polio Australia

6 Dr Margaret Peel

Committee of Management Member, Polio Australia and Secretary, Brisbane Post Polio Support Group

7 Elizabeth Telford

President, Post Polio Victoria

8 Gillian Thomas

President of both Polio Australia and Polio NSW

9 Dr John Tierney

National Patron, Polio Australia

The key themes for discussion will be **diagnosis, management and support** for people living with the Late Effects of Polio.

The Committee has opted for a Roundtable Forum with all participants present at the table simultaneously rather than sequentially, as they believe this will enable participants to interact directly with one another, thereby providing more opportunity for debate and solutions focussed discussion.

The proceedings of the Forum will be recorded by Hansard and the transcript of the proceedings will be on the public record. The record of proceedings will provide the

basis for a Committee discussion paper on PPS/LEOP in Australia.

This Forum can be observed by interested parties and members of the public who may wish to attend on the day. Polio Australia encourages anyone who can attend to come along to show their support:

Date: Friday 30 March 2012

Time: 10.00am-4.00pm

Venue: Committee Room G.6
Parliament House of Victoria
55 St Andrews Place
Melbourne, Victoria

***We hope to see you there!
Show your polio colours and
wear ORANGE!***

- Ed



Polio to hit Canberra!

What will you be doing on **Wednesday the 31st of October**? If you are planning to be anywhere near Canberra, you should consider joining with other polio survivors for a mass visit to Parliament House.

October is National Polio Awareness Month and Polio Australia and the State Polio Networks would like to encourage as many interested individuals as possible to make 20 minute appointments with their local Members of Parliament on the 31st.

Discussions would be about what it's like to being living

with the Late Effects of Polio, the issues you have experienced with regards to getting an accurate diagnosis, and finding knowledgeable health professionals to help you manage the symptoms. You might also have something to say about the cost and timely access to aids and equipment, such as calipers, wheelchairs, and scooters. How is this impacting on your mobility and/or lifestyle?

Interested people should contact their State Polio Networks—contact details can be found [here](#).

- Ed

Safe Scootering

The following information was sourced from NRMI's website [here](#).

Data shows that at least 62 Australians, mostly in their 60s-90s, have died from mobility scooter collisions or falls since 2000. In addition, hundreds more scooter users have been hospitalised each year, suffering serious head wounds or other injuries as a result of losing control of or falling from their mobility scooter.

As Australia's population ages, more people will turn to scooters as their primary source of transport, requiring changes to policies and practices around infrastructure, legislation and product standards to ensure everyone's safety.

NRMA has worked with NRMA-ACT Road Safety Trust, Council on the Ageing - ACT (COTA-ACT) and Able Access to develop a 'Scooter Safe' package to help educate users on how to stay mobile while maximising their safety. NRMA has distributed the 'Scooter Safe' package to all Councils across NSW for use in their communities.

Contact your local council for information or download the information here:

- [Scooter Safe Training Resource](#) (PDF 296KB/23 pages)
- [Scooter Safe Booklet 1](#) (PDF 506KB/20 Pages)



- [Scooter Safe Booklet 2](#) (PDF 767KB/10 pages)
- [Module 1 - Rights and Responsibilities](#) (PDF 1.2MB/16 pages)
- [Module 2 - Safe Motorised Wheelchair Practices](#) (PDF 1.1MB/16 pages)
- [Module 3 - Australian Road Rules](#) (PDF 853KB/4 pages)
- [Motorised wheelchair fact sheet](#) (PDF 440KB/2 pages)

NRMA Motorised Mobility Scooter Survey

NRMA is providing funding and research expertise to better understand the issues faced by motorised scooter users.

Working in partnership with other like-minded organisations such as Australian Competition & Consumer Commission (ACCC),

Choice, Vision Australia, NSW Department of Health, Flinders University and Independent Living Centre, NRMA is hosting and analysing a survey that will inform future education initiatives in this area.

The survey is designed for scooter users, irrespective of age, gender, or reason for using a motorised scooter.

The survey can be completed online, or print a copy of the survey can be downloaded [here](#).

Members can request a paper version to be sent to them by calling the ACCC's Infocentre on 1300 302 502.

The survey closing date is Thursday, 5 April 2012. 📅

Patiently Waiting



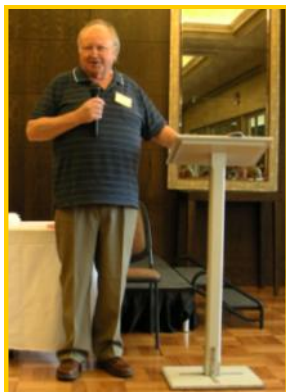
Wanted: Australian Health Service Stories

The following information was sourced from an email sent by Patient Opinion Australia.

An independent website has been established to pass on consumer stories to the people who make decisions. www.patientopinion.org.au allows consumers to share their experiences of Australian health services. Patients and carers can generate content by sharing their stories.

This feedback can be viewed by everyone who wishes to know what people think about a particular department, ward, service or procedure. To make the system into a genuine conversation, www.patientopinion.org.au will be able to send your opinions directly to the relevant health service manager as a weekly email prompt, and key staff, nominated by the health organisation, can send a response. 📧

Happy Anniversary!



Like many polio support groups, both in Australia and around the world, time is whizzing past at a cracking pace. And before you know it, 20 years has flown by! Victoria's Eastern Polio Support Group celebrated 20 years of Peer Support in February, with Special Guest, [Laurie Harkin](#) (pictured left), Disability Services Commissioner (and polio survivor) launching the group's combined stories and Service Guide, "*Touched by Polio-Lives Lived Well*".

In the Foreword provided by Laurie, he says "*This book is a symbol of the persistence and will of many people and more generally our society, which have all but nearly eradicated polio. It stands as a tribute to all of those people who have taken part to show just how far we have all come.*"

Copies of "*Touched by Polio-Lives Lived Well*" can be bought for \$10.00 (including postage within Australia) from [Tricia Malowney](#).

- Ed

Wise Up

Make a Medicine wise Choice Between Brands

The following information was sourced from the National Prescription Service (NPS) website. Established in 1998, NPS enables people to make better decisions about medicines and medical tests, leading to better health and economic outcomes.

Following reports the first generic version of atorvastatin will be hitting pharmacy shelves this week, NPS is urging consumers to be medicine-wise when making a choice between medicine brands.

NPS CEO Dr Lynn Weekes says there has been a lot of talk in the media recently regarding the different generic options coming to market once Lipitor's patent expires on May 1 this year. (*Lipitor is taken to lower 'bad' cholesterol levels.*)

"Lipitor is one of the most commonly prescribed medicines, with over 10 million prescriptions written every year," says Dr Weekes.

"As new brands come onto the market, it is likely many people will be offered a choice of different medicine brands. It's important people know that no matter what brand they choose, if the active ingredient and the size of the dose is the same the medicine will work the same in their body."

The active ingredient is the chemical in a medicine which makes it work and is usually found on the medicine label or packaging. However, a survey conducted by NPS last year reported around 40% of respondents would not be able to identify it on a medicine packet.

"Some active ingredient names are long, complicated and difficult to pronounce. Others sound similar to the brand name of a medicine and some sound nothing like it at all. Adding to the confusion, some brand names look and sound similar yet have totally different active ingredients and are used to treat completely different conditions," says Dr Weekes.

"All this confusion can lead to people making mistakes with their medicines, such as accidentally double



dosing, taking something they are allergic to or mixing medicines which shouldn't be mixed. Such mistakes can be costly, but most are avoidable. If you are unsure, talk to your doctor or pharmacist who will be able to help you make the right choice."

With any medicine, making the decision to change brands can have both benefits and risks. For some people – such as those with allergies to gluten or lactose which may be added as fillers in tablet manufacturing – switching brands may not be an option. If you are unsure you should check with your doctor or pharmacist before making the decision to change.

NPS has a number of resources to help consumers make a safe choice between medicine brands, including:

- A downloadable and printable Medicines List to help consumers keep track of all the medicines they are using, with important details such as the name and active ingredient.
- An iPad and iPhone version of the Medicines List with scheduling and alarms to help remind you to take your medicines
- An online Medicine Name Finder which helps you find the active ingredient(s) in your medicines.

For further information, visit the NPS website [here](#).

Community Attitudes Towards People with Disability

The following excerpts are from a February 2012 Report into current research on community attitudes towards people with disability.

The Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Social Policy Research Centre (SPRC) to conduct a scoping project investigating current research on community attitudes towards people with disability. It was an initial step towards building an evidence base on Australian community attitudes to people with disability, on the impact of these attitudes on outcomes for people with disability and on effective policies for improving community attitudes towards them.

The project had two parts:

- an investigation of research into community attitudes towards disability, comprising a literature review and a search of data sources for relevant indicators of community attitudes and their impact on outcomes for people with disability
- an investigation of policies, programs and initiatives for changing community attitudes, involving a literature review of the available research on effective policy options.

The findings of both parts were presented to FaHCSIA in two earlier

reports. This final report combines the findings and draws together the implications for policies to improve community attitudes towards people with disability.

The Conclusion reads:

We know from considerable national and international literature that negative community attitudes towards people with disability affect their quality of life in the important life domains of education, employment, health, housing and social networks. Negative attitudes are more likely to be experienced by particular groups of people with disability, such as women and people with intellectual or psychiatric disability.

Research evidence about the impact of negative community attitudes towards people with disability on their outcomes across various life domains is scant. However, there is a strong conceptual link between attitudes and outcomes. This link is also suggested and supported by the literature reviewed in this report.

Australia has some datasets that include indicators of outcomes for people with disability from which the impact of negative attitudes can be inferred, but no large or longitudinal attitudinal data are collected. Options for addressing this research gap in Australia are: include a disability module in existing

longitudinal data collections; access relevant administrative datasets; and design specific disability attitudes surveys of people with disability and other members of the public. International examples of data collection could be used to inform survey development in Australia, and a good model would be the BSA survey.

Australian and international policies to change community attitudes to people with disability operate at the levels of personal, organisational and structural change. Few of these policies have been evaluated. An option to inform policy change would be to review the effectiveness of existing policies and programs in Australia.

Strategies to change community attitudes seem to be most effective when they include policies at all three levels (personal, organisational and structural), include people with disability in the design and implementation of the policies, are sufficiently prolonged and resourced to reinforce positive attitudes and replace negative attitudes, and address the diversity of disability experience.

The full Report can be found on FaHCSIA's website [here](#).

Something for Nothing



Physical Disability Australia Ltd (PDA) is a national disability peak organisation representing the interests and views of people with physical disability across Australia. As a national peak organisation, they do not provide services, nor do they compete with service provider organisations. However they cross all areas of physical disability and PDA works to represent individuals who have a physical disability on national systemic issues and acts as a change agent.

PDA is currently offering FREE MEMBERSHIP to individuals with physical disability. This offer is also extended to organisations that provide services and support to those with physical disability. As we approach the National Disability Insurance Scheme (NDIS), people with physical disability need to have a strong voice amongst the other strong areas of disability. PDA membership includes an email monthly bulletin of the latest information about disability as well as a quarterly newsletter (also by email).

For more information and to download the PDA Membership Form, click [here](#).

Achieving a Happy Head Space



by **Kristy Lee Rackham**

We are busy people! Life can be overwhelming and chaotic if we let it! Creating a happy head space begins with

awareness. After all, 'we don't know what we don't know'! Once we're aware of what causes a happy (or not) response in our heart, mind and body, we can make decisions that will lead us to having more of those things that make us happy, and ultimately create a lifestyle that is highly sustainable!

At the core of all unhappiness is stress. Stress can be caused by many external things, but it's the internal ones that really determine whether we are able to create a happy head space for ourselves. Learning to stress less is an art. It begins with knowing the true self, our own boundaries, capacities for coping, stress triggers and on the flip side, what makes us happy what feels good, and what we want more of in our lives. From here, this point of inner knowing, we can make intelligent informed choices that sustain us and our lives, rather than create dis-ease, disharmony and destruction. When we are not in alignment with our inner guidance and knowing, stress happens. A cool, calm, happy head space depends on what you have in your stress less tool kit!

There are number of strategies that I have in my 'STRESS LESS TOOL KIT'. I recommend you have these handy for potentially stressful moments:

- **MEDITATION**

Have a cd / audio file to play in the car, at home, whilst on a work break OR a weekly class to top up your inner reservoir of calm. Light candles, incense or something that you feel gives your brain and body the trigger to relaxxxxx.

- **RESCUE REMEDY**

An acute homoeopathic remedy for shock and trauma (*available from most chemists and health food shops*). Great to relieve anxiety; use before and after stressful situations.

- **LAVENDER ESSENTIAL OIL / CALMING ESSENTIAL OIL BLEND**

Blend yourself or find one already combined. Put a few drops in a spritzer of water and use when you feel you're getting wound up, burn around the home to de-stress the family, use with a plain body cream or massage oil to rub into skin around the heart, solar plexus and feet before bed for restful sleep.

- **CRYSTALS**

There are many that specifically help with stress, like amethyst, rose quartz, and if your brain is 'fried', clear quartz. However, you can choose one that feels right to you and program it as your 'calm crystal'. Carry the crystal with you and when you feel stressed out, rub the crystal between your fingers with the intention that the stone will remove the stress from your body and mind and bring balance.

- **SAY NO!**

I know, I know, easier said than done! But this is a very important tool in your toolkit! I don't mean tell everyone where to go when you feel stressed out. This 'no' is more about listening to your authentic self and saying 'no' when the decision you're about to make is not in alignment with your inner voice. Take it back to basics and ask yourself "*what is the highest good that I want to see eventuate in this situation*" and make your decisions based on the answer you get.

- **BODYWORK**

See your favorite massage therapist, osteopath,

chiropractor, or spiritual counsellor for a bit of TLC. Often they will be able to release stress that is lodged in your physical being as well as your emotional body.

- **GET BACK TO NATURE**

Our natural environment is the greatest healer there is. Go sit on the grass, hug a tree, look up at the stars, watch the silent dappling of light through the trees, literally STOP and smell the roses, and BREATHE LIFE in.

- **PHYSICAL ACTIVITY**

Get out there and get active! Any safe and gentle physical activity brings you back to the now and shakes all that stress loose. If weight-bearing is an issue try swimming or gentle stretching in a chair. Of course, check with your doctor for appropriate activities for you.



So our STRESS LESS TOOL KIT helps us deal with all the crazy daily stuff that we just can't avoid - it crops up to throw us off our centre point, but it doesn't have to knock us over completely if we have our toolkit handy!

Achieving a Happy Head Space (cont'd from page 8)

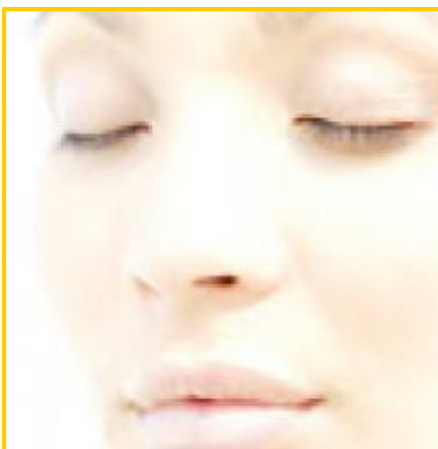
As well as having our STRESS LESS TOOL KIT filled and ready to go for life's little emergencies, there are 'Six Circles of Life' that need to be addressed to achieve a life balance that is necessary to effectively juggle the demands of a busy lifestyle.

Kids, work, partners, finances, hobbies, 'me time' (he-he what's that?!), exercise, passions, wants, needs . . . it goes on and on . . . I feel 'stressed' just typing them up! All these EXTERNAL things do require attention because they feed us on some level and keep our lives afloat. But with time and energy in short supply some days, stress can loom up and bite us on the bum if we are not paying close attention to what's happening to us on the INSIDE! So what we need is a strategy to cut chronic stress off at the pass, and maintain our 'Lifestyle Sustainability' for a long, happy and fulfilling life.

Having *Lifestyle Sustainability* is about balancing life in such a way that no single thing absorbs all our time and energy. It is satisfying our inner calling, passions, goals, our heart's desires in a holistic way that empowers us and our loved ones, and as such, creates more of the same as we hone the skill of keeping our balls in the air. The 'Six Circles of Life' all need to be

energised and operating. When one is lacking, the others cannot function and be sustained at their fullest potential. Life becomes imbalanced, inefficient and unhappy.

So . . . how do we discover what our authentic self needs or wants to be less stressed and more fulfilled, balanced, happy and sustained?



TRY THIS MINI MEDITATION Hearing Your Heart Voice

Allow your breathing to become quiet and flow at its own natural rhythm. Now . . . bring your attention into your chest. Follow the breath as it flows in and out of your lungs. With each breath,

imagine a beautiful radiant light is filling your heart with source energy. As your heart glows with this energy, you notice a deep peace begin to enfold you. Look into your heart now. In its centre you perceive a tiny, but brilliant star. This is the core of your being, the place where infinite potential resides, the seat and voice of your authentic being. Keep breathing into your heart centre and notice how peaceful you are becoming, how still and quiet your mind is. When you feel ready, ask a question of your divine spark at the centre of your heart. Wait with your attention focused gently on your breath. A word, sentence, feeling, or perhaps an actual voice speaking to you will return an answer. Do not 'try' to hear. Just wait patiently and listen. The answer will come. Trust your inner voice to know what you need and want at this time.

For More Information:

Visualise This! Enterprises

PO Box 8186

Maroochydore QLD 4554

Ph: +61-(0)487 769 629

visualisethisenterprises@gmail.com

www.visualisethisenterprises.com

www.headspacebook.com

Note: Kristy will be one of the Presenters at Polio Australia's Health and Wellness Retreat in April. 🌟

Around Australia by Webcam

by Peter Win peter.winstanley1@ntlworld.com

I have just received the latest edition of 'Polio Oz News' from a friend in Sydney and I thought I might be able to find someone up in the northern parts of Queensland and perhaps even Western Australia who, like me, now spends most of their time confined to their home. I live in Sussex, on the south coast of England, and my interests cover everything!

I do have several contacts in and around NSW and Victoria with whom I chat to on a daily/weekly basis, both by email and webcam, but so far I have never gotten above Brisbane! Now, like most old polio cases, PPS has kicked in and has somewhat restricted my mobility. I am married, so I'm not interested in any relationships other than a friendly chat with someone who, like me, now finds themselves depending more and more on the pc for a friendly 'chit-chat' and news in general.

So, if you have any knowledge of any like minded polio's or groups organisation who would enjoy a 'natter' now and again, and would enjoy a visit via webcam, perhaps you would be kind enough to pass along my email address. I would like to hear from anyone who can help me on my way around Oz (via webcam). I am seeing some great sights that friends tell me about. In fact, I followed one lady along the south coast via webcam and YouTube. Of course, I never got to taste the 'Kangaroo Tail Soup' but I was told it was very good! 🌟



2012 Polio Health and Wellness Retreat in Queensland



Polio Health and Wellness Retreat Body / Mind / Spirit

~ Full: Waiting List Applies ~

Ramada Hotel and Conference Centre Marcoola Beach
(formerly SurfAir at Marcoola)

Thursday 26, Friday 27, Saturday 28 and Sunday 29 April 2012

The 2012 Health and Wellness Retreat is now full, with 70 polio survivors and their families eagerly anticipating their weekend on the Sunshine Coast in Queensland. Polio Australia has been extremely fortunate in attracting the support of a wide range of local health professionals and other sessions presenters, most of whom are volunteering their time and expertise to help make this Retreat a success. The full Presenters List can be seen [here](#).

Polio Australia also received much welcomed project funding from GlaxoSmithKline and The Marian & EH Flack Trust, which enabled us to keep the registration fees down. Queensland's Spinal Injuries Association and Post Polio Victoria both sponsored one member each to attend the Retreat, which is a wonderful initiative.

Polio Australia's 2011 Retreat Report can be viewed, along with all other Retreat activities, on the website [here](#). We expect that the 2013 Polio Health and Wellness Retreat will be held in South Australia and are pleased to have two 4th Year Health Promotion students from the University of South Australia working with us on the logistics as part of their studies.

The following information appears on the [PolioPlace](#) website, a service of [Post-Polio Health International](#), and provides a wonderful overview of the benefit of Retreats:

Retreats

Post-polio wellness retreats provide an opportunity

- *to renew the mind, body and spirit*
- *to have post-polio questions answered by unhurried medical experts*
- *to spend custom-designed days enjoying recreational activities*
- *to learn more about how to stay strong and healthy*

Moving several steps beyond re-rehabilitation, retreats offer ongoing wellness approaches that promise to improve overall health and quality of life. Important resources include a comfortable location that provides accessible accommodations (accessible natural beauty is a real plus), a committed sponsoring and organizing organization(s), and knowledgeable professionals willing to volunteer time and expertise.

The tradition of spending time away from home and a daily routine to learn new behaviors is not a new idea. It is common in many countries.

Post-polio wellness retreats have been held in Canada, Australia and the United States. Polio Australia and Post-Polio Health International (PHI) have created information about organizing a retreat for polio survivors.

- [Report on the Health and Wellness Retreat, April 2010 \(Polio Australia\)](#)
- [Post-Polio Wellness Retreat Program, April 2009 \(PHI\)](#)

On Getting Older

by **Audrey King**

Toronto, Canada
king.aj@rogers.com



The following article appeared in [Post-Polio Health International's Communiqué](#) – January 6, 2012 (No. 65)

"Aging ain't for sissies" Wade Hampton, one of Toronto's "pioneering polios," used to say. I thought him funny as he sagged his skinny frame from too tall crutches and spoke down to me from a pedestal of years.

Many years later I understood. My own adjustment to aging was not easy. My head had always overruled my body, made the decisions, dragged my limbs around as it were, but now it wouldn't listen – no matter what I did. My body was in charge it seemed, constantly allowing serious illnesses and overwhelming fatigue to interfere with the goals and plans still in my head.

Over the years I had accomplished much, surviving many times beyond anyone's wildest predictions, achieving postgraduate studies and a professional career even though I had not been able to walk, feed or dress myself following an encounter with polio at age 9.

For decades I passionately believed I could accomplish just as much as any able-bodied person. I knew it might take longer, might mean doing things in a different way and would probably involve other people – but getting there in the end – was something I could do. I believed in myself and my abilities – in spite of a society that constantly reminded me otherwise.

"Denial ain't just a river in Egypt" somebody once said. If my tenacious belief was denial then denial worked marvelously for me – until I reached that period of life when an already compromised, overworked body had no reserves left.

The tenacity of my belief surprises me now. After all, if a lame horse plows a field for many years would we expect that horse to plow for as long and as efficiently as a horse who's never been lamed?

I have always believed "post-polio syndrome" is aging. It is nothing more than motor neurons aging and dying off unnaturally early due to their compensatory overwork. (Normally expected natural motor neuron reserve was long ago used just to re-innervate muscle fibers orphaned from initial polio damage). Compounding this is the long-term impact of muscles and joints being used abnormally to keep the body optimally functioning over the years.

We live in a society that honors the Olympic motto – *"Citius, Altius, Fortius"* (Fastest, Highest, Strongest). Our culture worships achievement and abhors disability, decline and death. This sets us on a path, a growth chart that is forever aiming upwards. We recognize and accept the cyclical nature of life in all living things, e.g. plants and trees and animals, but we cannot easily see ourselves as similar biological creatures living in the same world and subject to the same laws of nature.

Unlike aboriginal peoples who see all life as cyclical and circular in its pattern, we spend millions searching for ways to stay young, active and productive and to live forever – from the most basic marketplace to the highest levels of scientific research.

"What is aging actually?" one of my students asked this summer. "What causes it?" I googled far and wide to get answers, plowing through epidemics of anti-aging elixirs, creams, exercises, meditations, therapies, retreats, clothing and every other possible age denying resources you might imagine. The answers were hard to find and, ultimately, there is no cure.

Everything biological at the most basic and primitive cellular level has a built in pre-determined finite lifespan. We might be able to modify

and extend the cellular life of body structures and organs by taking care of ourselves, but ultimately, there is no cure. Every living thing inevitably declines and eventually no longer exists.

This is tough to think about, especially for many polio survivors who have lived their everyday lives as Olympians – faster, higher, stronger. For many, the days of "trying to be normal again" following acute polio happened during an era when disablement carried a stigma much greater than exists in today's more accepting world. Losing what many of us fought so hard to conquer, losing stamina, function and independence at a stage of life often earlier than our able-bodied peers carries with it a sense of loss and grief that is perhaps more difficult to bear.

But, *"Aging Ain't for Sissies."* Giving up and giving in is not in our nature. As Margaret Somerville, a famous North American bioethicist once wrote, *"Hope is oxygen for the soul."* We cannot live without it. It is as essential as food. It may be impossible to regain our physical abilities, but we can reset the barometer by which we live, value and measure the satisfaction of our everyday lives.

There is much wisdom about coping with aging from both polio survivors and able-bodied peers. There are many fine examples of living life well amongst the older people we admire in our everyday communities. There is much to learn. Aging is aging, regardless of the cause or pattern it will take in each of us. Polio survivors reinvented themselves following polio and got on with life. We can do it again.

Audrey King, MA (Psychology) is a Toronto artist, author and advocate who worked with children and youth with disabilities for 30 years. She is currently involved in teaching, research and consultation, living and enjoying the Olympic motto at a level her body agrees with. 🌟

The Australian Polio Register

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. There are currently more than 1500 polio survivors on the Register and this number increases daily, so please check our website often.

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 completing the [Australian Polio Register form](#).** If you know of any polio survivors who are not on-line, please download a form for them to complete and return.

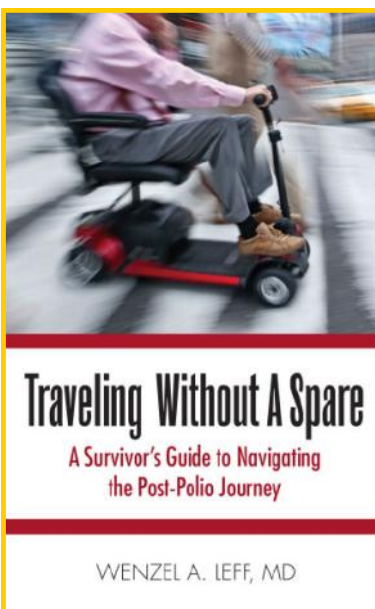
Some Statistics: A range of statistical data derived from the total registrations recorded on the Australian Polio Register can be viewed [here](#). The details displayed are updated dynamically as each new registration is recorded online. 🟡

Sex of polio survivors	Male - 39% Female - 60%
Birth year range	1913 - 1984 Click here for breakdown
Polio year range	1916 - 1994 Click here for breakdown
Polio age range (years:months)	00:00 - 45:11 Click here for breakdown
Were polio survivors hospitalised when they contracted polio?	Yes - 76% No - 18% Not Known - 6%
Where were polio survivors living when they contracted polio?	Australia - Total - 1355 (84%) Click here for breakdown Click here for charts and maps Overseas - Total - 252 (16%) Click here for breakdown Click here for chart and map
Were polio survivors a member of a State Polio Network at the time they joined the Register?	Yes - 65% No - 35%

Traveling Without A Spare

Rick E. Kneeshaw, M.A., Co-Facilitator, San Diego Polio Survivors writes:

There is a new book on polio and post polio syndrome that I just finished reading and I highly recommend that everyone else should read it also. It is written by a doctor who is also a polio survivor. The book is a little over 200 pages and costs US\$15.00.



Title: *Traveling Without A Spare: A Survivor's Guide to Navigating the Post-Polio Journey*
Author: Wenzel A Leff, MD
Publisher: WAL Publishing LLC
Purchase: www.TravelingWithoutASpare.com

Summary:

Decades after recovering from polio, many aging Americans are grappling with an emergence of new pain, weakness, and fatigue. This unforeseen symphony of symptoms is a central fact of many polio survivors' lives. Wenzel A. Leff, MD, explains how polio's initial attack depleted the body's neuromuscular reserves, so that when former polio patients begin to lose cells to the natural process of aging, they find they are truly "traveling without a spare."

In "*Traveling Without A Spare: A Survivor's Guide to Navigating the Post-Polio Journey*", the author draws from his own polio experience and his forty-plus-year career in Internal Medicine, to provide polio survivors and their families, caregivers, and healthcare team a clearer understanding of the stages and complexities of polio. This informative book will help survivors evaluate their own bodies and condition, and empower them to make the most of their remaining strength and mobility. 🟡

Help Find Solutions

Call for Proposals for The Research Fund of Post-Polio Health International (PHI)

PHI not only promotes research, but also funds projects that will improve the lives of polio survivors and/or users of home mechanical ventilation.

We are looking for new and creative research projects:

Projects that will examine post-polio problems from a unique perspective.

Or, projects that will move beyond the identification and quantification of known problems and will provide solutions.

PHI is also interested in providing funds for pilot studies that will generate data to be used in obtaining larger grants.

Deadline for Phase 1 is Friday, May 4, 2012
(to be awarded in 2013)

For details, see <http://www.post-polio.org/res/rfcall.html>



Vale Renato Dulbecco



Dulbecco accepts the Nobel Prize in Physiology and Medicine, 1975

The following excerpt was sourced from the Salk Institute's website [here](#).

Renato Dulbecco, Nobel Laureate and pioneering cancer researcher, dies at 97

Press Release: February 20, 2012

LA JOLLA, CA—Renato Dulbecco, M.D., Nobel Prize winner and a global leader in cancer research passed away February 19 at his home in La Jolla. Born on February 22, 1914, he was just shy of his 98th birthday.

[Dulbecco](#) was a Founding Fellow of the Salk in 1963 when the Institute's labs were erected in temporary structures on a windswept bluff above the Pacific Ocean. He conducted landmark studies that provided the first clue to the genetic nature of cancer and described how a tumor virus could insert its own genes into the

chromosome of the cell it infects, and "turn on" the uncontrolled growth that is the hallmark of cancer.

"Renato was one of the most brilliant scientific minds of our generation," said William R. Brody, president, Salk Institute. *"His legacy is imbued in the scientists and physicians whom he trained and inspired and who themselves have gone on to make major discoveries to advance biomedical science. He will always be an integral part of the Salk community and our history, and we will deeply miss him."*

Dulbecco was born in Catanzaro, Italy, in 1914, and went to the University of Turin at age 16. He studied medicine, he says, *"because of the strong emotional appeal"* and obtained his M.D. in 1936.

In 1947, Dulbecco emigrated to the U.S., and joined the laboratory of his Italian colleague Salvador Luria, in Bloomington, Indiana. He soon shared bench space with James Watson, co-discoverer of the structure of DNA. Both Luria and Watson would later be awarded a Nobel Prize.

In 1949, Dulbecco moved to the California Institute of Technology, and there, along with Salk researcher Marguerite Vogt,

pioneered the growing of animal viruses, in culture and developed the method, used universally since then, to assess the activity of the viruses grown in laboratory containers. Together they also first described how the poliovirus forms plaques in cell cultures - work that transformed virology from a descriptive to a quantitative science - and then how a virus can turn a cell cancerous. This research provided some of the first clues to the genetic nature of cancer.

"Renato was an inspiring and generous colleague who was always ready to share his many talents and knowledge with others," noted Walter Eckhart, Salk professor emeritus, Molecular and Cell Biology Laboratory. *"His contributions as a scientist and as a person really helped make the world a better place."*

[PolioToday.org](#)

This is an excellent website published by the [Salk Institute for Biological Studies](#).

PolioToday is designed to raise awareness of post-polio syndrome and to be a resource for polio survivors.

Dr. Jonas Salk, who developed the first safe and effective polio vaccine, founded the Salk Institute in 1960.

Polio this week: as on 7 March 2012

Source: [The Global Polio Eradication Initiative Website](#)

Over the past four months, the lowest number of cases globally have been recorded during this rolling time period for the last ten years. While this is encouraging news and demonstrates the impact of eradication activities, endemic transmission of polio in Nigeria, Pakistan and Afghanistan continues to pose a significant risk to children everywhere. Over the past six months, 247 cases have been reported worldwide, the bulk of these cases are from the three remaining endemic countries (Nigeria with 45 cases, Pakistan with 122 cases and Afghanistan with 56 cases). 🌐

Wild poliovirus (WPV) cases

Total cases	Year-to-date 2012				Year-to-date 2011				Total in 2011*
Globally	22				51				650
• in endemic countries:	21				16				340
• in non-endemic countries:	1				35				310

Countries	Year-to-date 2012				Year-to-date 2011				Total in 2011*	Date of most recent case
	WPV1	WPV3	W1W3	Total	WPV1	WPV3	W1W3	Total		
Pakistan	11		1	12	13			13	198	10-Feb-12
Nigeria	4	1		5	1			1	61	08-Feb-12
Afghanistan	4			4	1			1	80	23-Jan-12
Chad	1			1	12			12	132	09-Jan-12
DR Congo					20			20	93	20-Dec-11
Niger									5	12-Dec-11
CAR									4	08-Dec-11
Cameroon									1	17-Nov-11
China									21	09-Oct-11
Guinea									3	03-Aug-11
Kenya									1	30-Jul-11
Côte d'Ivoire									36	24-Jul-11
Angola					1			1	5	07-Jul-11
Mali									7	23-Jun-11
Gabon					1			1	1	15-Jan-11
India					1			1	1	13-Jan-11
Total	21	1	1	22	51	0	0	51	650	
Total in endemic countries	20	1	1	21	16	0	0	16	340	
Total outbreak	1	0	0	1	35	0	0	35	310	

Data in WHO as of 07 Mar 2011 for 2011 data and 06 Mar 2012 for 2012 data

A Year Without Polio in India

by Fred Caillette

Source: WHO - January 12, 2012

[Critical need to maintain immunity to poliovirus in India until global eradication achieved.](#)

Global polio eradication partners today congratulated India for passing a year without polio, for the first time in history.

Central and state governments led this extraordinary achievement, with the energy and dedication of millions of vaccinators, Rotarians and community mobilizers and the support of religious and local leaders. The polio eradication effort is the most widely-recognized brand in India, with a Bollywood megastar as its public face.

If all pending laboratory investigations return negative, in the coming weeks India will officially be deemed to have stopped transmission of indigenous wild poliovirus (WPV). The number of polio-endemic countries, those which have never stopped indigenous WPV transmission, will then be reduced to a historical low of three: Pakistan, Afghanistan and Nigeria.



India was once recognized as the world's epicentre of polio. As recently as 2009, India had the highest burden of polio cases in the world (741), more than the three other endemic countries combined. Due to extraordinary measures to reach children with vaccine, India has not seen a case since a 2-year-old girl in the state of West Bengal developed paralysis on 13 January 2011.

The greatest risk in India is now complacency. The country has an aggressive agenda to strengthen routine immunization and maintain supplementary activities in order to maintain high immunity. In addition, sensitive surveillance and emergency response plans are in place in every state to detect and swiftly respond to importations until eradication is achieved globally. 🌐

Poverty and Polio

The following information was sourced from an email received from the [Global Poverty Project](#).



At first glance, they seem like two entirely separate issues. But the fact is, they're very closely linked. Just take a look at the areas affected by polio – these are places where issues such as poor water and sanitation, inadequate nutrition and a lack of access to even the most basic health care services can combine to create the perfect conditions for communicable diseases like polio to spread.

Polio not only disproportionately affects some of the world's poorest, but it can drag the children it paralyzes further into poverty. That's why we will continue to fight against preventable diseases such as polio and malaria, as well as the other systemic issues (such as corruption and unfair trade) that prevent people from breaking free of the cycle of poverty.

[Our next big campaign will be Live Below the Line - and we're inviting you to sign up!](#)

Right now, there are 1.4 billion people in our world who are living in extreme poverty. That means that they are living on less than the equivalent of \$2 a day. With that \$2, they have to cover the costs of all life's necessities – food, drink, shelter, clothing and more – leaving little left over if a family member becomes ill. Live Below the Line challenges people to spend five days this May living on \$2 a day for all their food and drink. The challenge can be an illuminating experience, providing insight into the lack of choice and opportunity faced by those who live under the extreme poverty line every day.

By participating in Live Below the Line for the Global Poverty Project, you'll be supporting our work to break down the barriers that keep people locked in the cycle of poverty – including our work against preventable disease. 🌐

Nigeria: Polio - The Last Stand

by Ruby Leo And Judd Leonard Okafor

Source: allAfrica.com - March 6 2012

The young father was a hard case. It wouldn't be the first time Fatima and her team of vaccinators would encounter resistance in Gurjiyawa settlement of Jigawa state but she was ready for him. Clutching his toddler by his side, the young father insisted he didn't want anything to do with the polio vaccine. Giving no reason at all, he refused to allow Fatima and her team vaccinate his child. Suddenly the toddler left his father's arms and ran deeper into the household, where the women of the house stayed. Fatima and her team followed.

"If they didn't want, they would not have let them enter the household," says Hassan Madaki, Jigawa state technical facilitator, who monitored the team.

If Fatima's entry into the household is evidence she had worn down the father's resistance, she typifies the doggedness needed to break transmission of wild polio virus throughout the country.

That doggedness persists, even though her job--like those of 49 house-to-house teams--involves combing vast open desert-like areas of soaring temperature for N2,000 a day. She still has to go through Bagaje and Galadima.

In Jigawar, Tsada, Blessing Audu meets the sort of reception needed to make the break. Two men playing draughts point them to the door as they approach. *"Akwai yara cikin,"* one of the men tells Blessing in Hausa, meaning, there are children inside.

Blessing says such reception makes her work easier. But when there is resistance, she explains and gives them examples of illnesses they could avoid by allowing only two drops of polio vaccine for their child.

101% coverage

Covering every household in areas mapped out for immunisation is essential. But National Primary Health Care Development Agency, which coordinates immunisation, says the quality of coverage is more important.

Vaccinators report coverage ranging anywhere between 80% and 100% at evening review meetings. *"What I am interested in here is not having 101% coverage,"* says Sola Oyeniya, World Health Organisation consultant in Dutse local government. *"What I am interested in more, is for us to have noncompliance and missed children well documented on the field."*

Focal persons taking the data to review meetings report how they manage to resolve any noncompliance--refusal of vaccine. Full documentation throughout the four days of immunisation is necessary for analysis to help reduce the risk status of particular settlements.

Before February, eight wards in Dutse were categorised as high risk-settlements with missed children exceeding 10%, noncompliance above 10 households or recent threat of polio virus in the last 24 months. The last stand against polio is being held in such remote communities. Success there will mean a year free of the virus country wide, and the second of polio-endemic countries to stay that way after India-and leaving behind Pakistan and Afghanistan.

New weapons

One weapon is proper documentation, which exceeds academic purposes. Global health officials in Geneva and Abuja make the big decisions but depend on foot soldiers like Fatima and Blessing. *"If they cannot document what they saw on the field, that means we cannot have reports,"* admits Oyeniya.

There have been reports of

underage recorders on the field, but recruitment has been limited to people aged 17 and above, with some preference for schoolteachers and intense training before the programme.

A second is having the right people to deal with noncompliance and the multiplicity of reasons for it. Vaccinators faced caregivers who refused vaccine because they didn't come with "pluses", incentives as soap and salt. At least two previous exercises were successfully conducted without incentives.

But a bigger problem is psychological acceptance. The past has seen resistance following claims that polio vaccine was a subtle means of reducing fertility, but now the resistance is less widespread but sharper.

Some residents refused vaccines because vaccinators were perceived to be of different political affiliations. Other gave no reasons at all. Still some insist the rounds are just too many.

Vaccinators are left to convince parents their children need at least four rounds to achieve suitable immunity, as much as 80%, according to epidemiological reasoning.

And some of the work falls on task force committees on immunisation charged with dialoguing with communities where children are missed or where there is resistance. Their job is to ease out every wrinkle that could stop individuals from accepting the vaccine.

Selection of manpower changed this year. *"We used to have selection between the ward focal person and just the village head,"* says Inuwa Ya'u, programme officer for Polio Eradication Initiative at NPHCDA. *"Now we have ward selection committee, comprising five distinguished members of the community that involve the traditional leader, the religious leader, any civil society organisation - to give balance and*

Nigeria: Polio - The Last Stand (cont'd from Page 16)



fairness - and then the ward focal person and also any partner (WHO, UNICEF) that is there in that community. This is the starting point.

"If we are able to get the right mix of personnel to do the house-team, if they are able to acquire quality practical knowledge of how to do it, and if we are able to improve on our micro-plan, then the delivery component, which the is supply side of this programme, will improve."

There is hope for some improvement. At least 22 states in the southern part of Nigeria have stayed free of polio. The last stand,

being mounted in the northern part, focuses on pockets of resistance.

A weekly epidemiological update monitors cases of three strains of wild polio virus in Nigeria. Cases reported in 11 states jumped from 41 in 2010 to 95 in 10 states in 2011, according to data from Nigeria Centre for Disease Control. States that had cases in 2010 but stayed free in 2011 are not on the list.

This year, only three cases have been reported. The latest confirmed WPV was in December 2011 in Sokoto state. One of three cases in Kebbi came from an investigation 79 days after the first case, which means, technically, no case has been recorded for 2012 - at least up until February.

Jigawa's cases rose from one in 2010 to 23 last year. This year, it hasn't seen any. The desire for

anti-polio campaign is to keep things the way they are, and field workers like Fatima and Blessing are crucial to that effort.

In four days, using 13 special teams, 49 house-to-house teams and 22 field posts, vaccinators immunise over 50,000 children in Dutse alone, far more than initially targeted. Select groups resolve pockets of noncompliance.

Fatima leaves the last household in Gurjiyawa triumphant. While she'd been inside, the toddler's mother had accepted to have her son vaccinated, defying her husband's reluctance.

There have been women who secretly challenged their husband's refusal and requested vaccinators not to mark their children's fingernail with indelible ink. Fatima does all the same.

All these efforts geared towards ensuring that the children stay polio free. 🌟

Action Plan Launched to Eradicate Polio (Pakistan)

by "our correspondent"

Source: thenews.com.pk - March 6, 2012

LAHORE: The federal government has launched the National Emergency Action Plan aiming at eradicating polio from the country by the end of this year.

This was disclosed during a seminar on "Polio eradication - Polio free Pakistan" organised by the Mir Khalilur Rahman Memorial Society (Jang Group of Newspapers) in collaboration with the Pakistan Paediatric Association (PPA) here at a local hotel on Monday.

Addressing the seminar, National Polio Eradication Committee Chairman Prof Dr Tariq Iqbal Bhutta said a monitoring cell had been set up and a focal person was also appointed in the office of the prime minister which would monitor the anti-polio campaign in the country. Under the plan, he

said, all the DCOs, EDOs (Health) and MNAs/MPAs had been included to make anti-polio campaign a success. He said polio was a debilitating disease which could be prevented by administration of polio drops to children under five years of age. He said international organizations were investing a lot for polio eradication and providing anti-polio vaccines for eradicating the disease from the country. However, he said, the polio could not be eradicated due to security problems, adding that polio cases had surfaced in Fata and three districts of Balochistan, namely Quetta, Pasheen and Qila Abdullah. Besides, he said, that the mass displacement of people due to floods during the last two years had also transferred polio virus to different places of the country. He said the situation was better in Punjab although eight polio cases were reported from South Punjab last year.

Dr Altaf Bosan said that there were serious misunderstandings in the society regarding polio vaccination, including religious and social taboos, vaccine's side effects. He rejected these misunderstandings by saying that there were no side effects of polio vaccine. "No child is ever harmed by the vaccine anywhere in the world including Europe and India," he said, adding that the media must play its role in this regard. He also emphasized the role of parents and urged them to administer polio drops to their children timely every time during the National Immunization Days (NIDs) and Sub-National Immunization Days (SNIDs). Besides, he said, the polio vaccine was easily available at public sector hospitals and rural health centres.

He said that polio vaccine was safe as it duly-certified by UNICEF and WHO. PPA central president Dr Ameer Muhammad Khan Jugezai said the Pakistan Paediatric

Action Plan Launched to Eradicate Polio (cont'd from Page 17)

Association had joined hands with the government and fully supporting vaccination campaign against polio. While emphasizing upon the role of parents and the society, he said administration of polio drops to children saved them from lifetime disability while the disabled became a burden on the family in particular and society at large. He criticized the role of certain sections of the media which were doing a disservice to the nation by holding debate on highly sensitive and technical issue by involving politicians and young doctors, adding that it led to people avoiding immunization against polio and might lead to increase in number of polio cases. He said that polio vaccine, even if expired, neither caused polio nor led to death of the child.

PPA Punjab chapter president Dr Waqar Hussain said polio virus was

of three types, which entered the body through mouth, and therefore had a lot to do with sanitation condition. In certain conditions, he said, the immunity could not be developed against the polio virus which then mostly attacked the legs of its victim crippling him/her for life and made it incurable. "If it attacks upper part of the body, it affected the breathing system and may cause death of the patient," he added.

Dr Zareen said that polio always attacked children therefore it was paramount to administer polio drops to the children soon after birth to completion of the vaccination course. If any child is paralyzed, she said, it should immediately be reported so that further transmission could be stopped. She said that polio disease had been eliminated in the world except in Afghanistan,

Nigeria and Pakistan.

Prof Dr Iftikhar stressed to push anti-polio campaign on war-footing in Pakistan, saying that the polio was being administered to 60 percent children soon after birth and 70 percent during immunization campaign against international standard of 90 percent soon after birth and 95 percent during the immunization campaigns.

Children's Hospital, Lahore, Dean Prof Dr Tahir Masood said that just four cases of polio had been reported in Afghanistan against report of 12 cases in Pakistan so far which was alarming and demanded action against the disease on war footing basis involving all the sections, including government, society, Ulema, parents and teachers by making anti-polio campaigns a success. 🌟

