



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**COMMITTEES**

**Health and Ageing Committee**

**Report**

**SPEECH**

**Monday, 20 August 2012**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

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**Page** 9045  
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**Speaker** Georganas, Steve, MP

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**Mr GEORGANAS** (Hindmarsh) (10:28): On behalf of the Standing Committee on Health and Ageing, I present the committee's discussion paper on late effects of polio and post-polio syndrome, together with the minutes of proceedings. This is our report on a roundtable we held earlier this year.

Polio is a crippling and potentially fatal infectious disease. Between the 1930s and 1960s many thousands of Australians contracted polio. Some experienced mild flu-like symptoms, perhaps not even realising that they had contracted polio, but others were permanently paralysed. The good news is that the development of effective vaccines in the 1950s and 1960s coupled with a global effort has all but eradicated polio. Australia was officially declared polio free by the World Health Organization in 2000.

The bad news is that polio has left a legacy. Even though people seemed to recover from the initial infection, years later many polio survivors started developing new symptoms. The most common complaints include fatigue, muscle weakness and pain. These are collectively known as late effects of polio or LEOP for short. LEOP can be a very severe condition. Its impact on sufferers and their families is very significant. It is unclear how many Australians are affected by LEOP and how many more are at risk of developing the condition. It is likely that there are thousands of Australians affected or at risk. Even so, the late effects of polio appear to have gone largely unrecognised in Australia.

To learn more about this issue and raise awareness of this issue, the health and ageing committee decided to hold a roundtable discussion. This took place in Melbourne in March this year. I also note the presence of the Deputy Speaker, who was at the roundtable. It was attended by polio advocates, doctors and people involved in research. There were also some patients who came along to share their firsthand experiences of living with the late effects of polio. They told us about all the physical, social, emotional and financial impacts of late effects of polio, of which there are many.

People with LEOP have restricted mobility and they get tired easily, which makes it hard for them to attend social functions and get involved in their communities. It is also expensive to have the late effects of polio. You need to pay for medication, doctor's appointments, special equipment and modifications to your car and home. After hearing all this, we were not surprised to hear that people with the late effects of polio are often socially isolated and financially disadvantaged. It was interesting to hear that it can be hard to even get the right diagnosis to begin with, which is a big factor in treating the illness. There are a lot of reasons for this, but one of them is that there is no particular test for the late effects of polio. So, unless your doctor knows about it, you might not even get diagnosed. In fact, the committee heard that it takes, on average, six years for a patient to receive the correct diagnosis for the late effects of polio. In the meantime, you might be misdiagnosed and given treatment that makes it worse.

Once people have been correctly diagnosed, it is really important that people have access to proper support services. However, Polio Services Victoria is Australia's only publicly funded specialist service. But it is not all bad news. The committee found that several current government policies are likely to help people with the late effects of polio. The GP superclinics and Medicare Locals that the government is rolling out will fill some of the current gaps in services and improve delivery of multidisciplinary care. Having a personally controlled electronic health record will mean that people with LEOP will not need to drag their medical records from doctor to doctor.

The committee made some recommendations which are contained in this report, including information about how important it is. We were surprised to hear that no-one really knows how many people have LEOP, so we have recommended that the Australian Bureau of Statistics or the Australian Institute of Health and Welfare establish mechanisms to collect that information and report on this data. We also have two recommendations about awareness. The first is that information on LEOP should be included in relevant undergraduate health degrees such as medicine. The second is for Medicare Locals to help increase the awareness of LEOP among health professionals already in practice and among the wider community. We now eagerly await the response of

the health minister to these recommendations, and I sincerely thank everyone involved in the inquiry. I commend this paper to the House.

In accordance with standing order 39(f) the report was made a parliamentary paper.