



# Polio Oz News

March 2019 – Autumn Edition

## More Than Just Tired

By Paul Cavendish, Clinical Health Educator

Many polio survivors identify fatigue as one of the most significant factors to impact on quality of life. Finding the reason behind this and how to manage or treat fatigue is a real challenge for polio survivors and health professionals. A major reason for this challenge with fatigue is it usually results from a range of factors rather than a single specific cause.

Most polio survivors are aware of a loss in muscle strength, and how this can lead to fatigue in specific muscles. But don't forget, muscle endurance can be affected throughout your body and hence body aches can occur just the same as specific pockets of muscle fatigue. Due to this, overall activity needs to be managed. An activity diary can help you find patterns to muscle fatigue. Fatigue can often occur one or even two days after an activity, leaving you feeling washed out.

After recording the amount of activity and reflecting on how this may contribute to fatigue, a story or key patterns emerge, although, perhaps you had a pretty good idea beforehand! The tricky bit next is to look at how or where changes can be made. Five areas that polio survivors have found useful in this situation are:

### 1. Planning

This is an instinctive thing for many polio survivors. For example, minimising the number of 'trips' around the house! What can be more difficult is to look at ways to reduce the number of trips or events in the week . . .

### 2. Prioritising

The first step can often lead to more. Sometimes what seem like necessary things can actually wait, or at least be done less often. Where this is not possible, it pays to delegate! We know you can do it but maybe you can give yourself permission not to. Check with a friend, family member or a professional service as to where or how they may be able make a difference so you can enjoy the things most important to you.

### 3. Pacing

This is often misunderstood. Pacing does not always mean you have to stop what you do today (please check you have applied the aforementioned principles though!). It does mean limiting the time you do something within



a day. Consider the important feedback cues from your body (e.g. face grimaces; your shoulders up near your ears) AND next time stop before this point in time. Like any habit, it takes time. Start with things you feel more likely you can adjust within your usual routine and gradually increase this strategy.

### 4. Aids and Equipment

Consider options for making things easier such as a wheeled walker, shower chair, ramps, etc. Easing the workload on your muscles can make a great difference.

### 5. Health Check-up

If there are changes in the level of fatigue, or in other areas of your health, it is important to discuss this with your GP. The history of polio may explain it, but something else may be an important factor that can be addressed.

Perhaps it's time to share any 'wins' you've had with other polio survivors. This discussion may give everyone a new way to do a task, an aid to buy, or trial a therapist. It can make all the difference. . .

Polio Australia is running an anonymous survey to better understand fatigue levels among polio survivors in Australia and New Zealand. We want to inform health professionals and involve universities more to understand fatigue. The aim of this is to help them identify better treatment and management techniques and/or further research opportunities to assist polio survivors. Results will be shared in the next issue of *Polio Oz News*. Click [here](#) or email [paul@polioaustralia.org.au](mailto:paul@polioaustralia.org.au) if you are interested in contributing to the survey. ●

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### Inside this issue:

<a href="#">More Than Just Tired</a>	1
<a href="#">President's Report</a>	2
<a href="#">From The Editor</a>	3
<a href="#">Why Are We Talking About NDIS</a>	3
<a href="#">Workshops Update</a>	4
<a href="#">Fact Sheets Launch</a>	5
<a href="#">Aged Care Royal Commission</a>	5
<a href="#">Dr de Graaff Video Presentation</a>	6
<a href="#">Supporting Polio Australia</a>	7
<a href="#">OAM Congratulations</a>	7
<a href="#">Advocating For Orthotics And Medicare</a>	8
<a href="#">Mobility Aid Stories</a>	9
<a href="#">Process To Improve NDIS AT</a>	12
<a href="#">Navigating Aged Care Access</a>	13
<a href="#">Specialist Fees Website</a>	14
<a href="#">Diving Into Glass—New Book</a>	14
<a href="#">News From Abroad</a>	15
<a href="#">Polio This Week</a>	21
<a href="#">2019 Retreat EOI</a>	22

**“Autumn is the mellow season,  
and what we lose in flowers we  
more than gain in fruits.”**

~ Samuel Butler ~

## President's Report



Gillian Thomas

The hive of activity going on at Polio Australia these days reminds me of spring rather than autumn!

The Board is sometimes amazed that so much is able to be achieved so fast by such a small team, especially with our resource constraints. The team members who have joined us over the last couple of years not only each work very effectively in their individual program areas, but together they encourage, support and extend each other. An example of what they can achieve collaboratively is the new information hub about “Living With Polio” (see page 5). Everyone contributed to and critiqued the work, and the outcome is a resource that we are justly proud of.

As Maryann notes in her report, she is now only working 3 days a week as she eases into planned full retirement at the end of the year. It seems hard to believe that when Maryann leaves Polio Australia she will have worked with us for 10 years.

I will be both personally and professionally very sorry to see Maryann go – without her vision, drive and enthusiasm (and occasional badgering!) Polio Australia would not be the strong and thriving organisation it is today. She will have much to look back on with pride, and has certainly earned her upcoming retirement.

Although Maryann will still be with us for another nine months, the Board has taken the opportunity to review our office structure with some changes expected to take effect towards the end of this year. We will report on these changes as they are implemented.

Where possible, Polio Australia is committed to providing support to

the state Polio Networks. Whilst we can't do this on a financial level, we can provide advice and guidance based on our experience. This occurred recently when Maryann and Steph met with Polio SA's Management Committee to discuss 'future proofing' their service. The outcome was their decision to employ a part time Polio Community and Membership Officer. We are keen to see Polio SA's Committee and members benefit from dedicated paid staff.

The daily posts that Rachel puts up on our Facebook page can trigger interesting conversations. As a wheelchair user, many have heard me debate the term “confined to a wheelchair”. A recent post expressing that sentiment prompted a reply from me – I wanted to point out the positives as opposed to the commonly perceived negatives, of using a wheelchair (or scooter).

I wrote: *“I use a wheelchair as well, but I consider myself to be enabled by it, not confined. It allows me to participate in the community in a way that would otherwise not be possible. It also protects me from falls and possible broken bones. It's good to consider the pluses as well as the minuses of needing to use a wheelchair.”*

To my delight, the original poster responded that she liked my attitude! Another poster then wrote: *“I use mine to shop, go to the doctor. I can't use it in my home. I plan on selling, and hope to find an open floor plan. Conserve to preserve. Walking is harder every year. A powerchair is freedom.”*

Clearly, I'm not alone in celebrating my wheels, as the articles on pages 9 to 11 also attest!

Finally, I urge you to assist us in advocating for you and your polio issues by completing the two surveys described on pages 1 and 5. ●

Gillian

## From the Editor



Maryann Liethof  
Editor

Welcome back to the first edition of *Polio Oz News* for 2019. A big year ahead, in so many ways!

We have a Federal election looming, with all the changes that may bring; Royal Commissions into Aged Care (p5) and, hopefully, Disability Services; developments for the NDIS (p12); and the possibility of orthotic/prosthetic services to be included in Medicare (p8). Then there's the outbreak of polio in Indonesia at the start of the year (p21), reminding us that we simply cannot let our guard down when it comes to vaccination. As with PNG last year, these outbreaks are very close to home!

I came across a very interesting article in *Medscape* (*subscriber based*) on what happens when a minor seeks vaccination without consent (p15). With measles making a comeback in several developed countries, the article reports that many 15-18 year olds "feel stuck", believing that vaccines are good, but not wanting to go against their parent's wishes.

Then you read about the polio workers in places like Pakistan (p20), working through incredibly trying conditions to ensure the village children are vaccinated. Amazing!

Back at Polio Australia, the Team continues to seek out polio survivor experiences of the Late Effects of Polio, such as the Fatigue Survey (p1)

## Why Are We Talking About The NDIS?

### By the Polio Australia Team

As we are aware, most Australian-born polio survivors are now over 65 years of age as a result of the last polio epidemic being in 1962 in Australia<sup>1</sup>.

However, Polio Australia's *Australian Polio Register*<sup>2</sup> reveals that around 10 per cent of polio survivors living in Australia are still under the age of 65. There are two reasons for this:

1. It wasn't until 1972 that Australia saw its last case of wild poliovirus and was declared polio-free in the year 2000<sup>1</sup>.
2. There are many countries where polio was eradicated more recently, and where polio is not yet eradicated. For example, India was declared polio-free in 2014, after their last case of wild polio occurred in 2011<sup>3</sup>.

There are thousands of polio survivors of all ages – born in Australia and born overseas – now living in Australia.



and, more broadly, matters relating to disability and ageing (p5). This enables us to share the information with fellow polio survivors and health professionals through [Clinical Workshops](#) and [Community Information Sessions](#), and the government through [submissions](#).

We are also very excited to be launching a series of Fact Sheets across 4 key subject areas: Health, Lifestyle, Services, and Providers. There are currently 27 categories, with 34 Fact Sheets in varying stages of production. These Fact Sheets have been reviewed by relevant experts, and can easily be updated as required (p5).

This year is quite significant for me, personally, as well. Commencing January, I reduced my working week from five (or more!) to three days—Monday to Wednesday. This is largely thanks to Polio Australia's excellent [Team](#). We're anxiously waiting for a contract renewal from the Department of Health, which funds Paul, Rachel, and Jake. Steph's salary is generously funded by Jill Pickering as her 'living legacy'. So, the two days saving on my salary should help a bit. I plan to retire at the end of 2019, although I suspect I'll still pop up from time to time!

2019 also heralds the end of our Polio Health and Wellness Retreats (EOI on p22). We have been successfully facilitating Retreats for nine years now. However, for a number of reasons, we see the future of comprehensive LEOp management education continuing in the form of twice yearly one day conferences around the country.

Like the coming of Autumn, it's time to embrace change! Happy reading! 🍁

Maryann

Polio Australia is working on increasing its outreach to those younger polio survivors who were born overseas. Migrating to a new country provides a number of barriers for these polio survivors, and Polio Australia wants to offer the necessary support and information to assist with the post-polio transition.

Fortunately, these younger 'Next Generation' polio survivors can access the National Disability Insurance Scheme (NDIS) to fund support and services to help achieve their goals. These might include:

- increasing independence in daily activities;
- getting and keeping a job;
- social activities; and
- participating in the community.

Gurmail (Happy) Singh, a polio survivor living in Bendigo (Victoria) says "I got approved for the NDIS and had a full leg brace made. Since then my life has changed for the better, and I'm now working as a bus driver."

## Clinical Practice Workshops And Community Sessions

### UPCOMING CLINICAL PRACTICE WORKSHOPS

LISMORE, NSW	11TH MARCH '19
ARMIDALE, NSW	12TH MARCH '19
BRISBANE, QLD	29TH MARCH '19
TAMWORTH, NSW	11TH APRIL '19
NORTH SYDNEY, NSW	9TH MAY '19
PARRMATT, NSW	10TH MAY '19
PERTH, WA	23RD MAY '19
HOBART, TAS	26TH SEPT '19

**CLICK HERE TO VIEW MORE  
DETAILS & TO REGISTER**

As at 4 March 2019, Paul has completed 51 Workshops across Australia, providing training to 580 Health Professionals.

### POLIO COMMUNITY INFORMATION SESSIONS

FOOTSCRAY, VIC EARLY APRIL '19  
HAMPTON, VIC 4TH JUNE '19

#### THE INFORMATION SESSION WILL COVER:

- Current information about the Late Effects of Polio
- What to tell your health professional
- Self-management strategies
- Q&A
- Local connections

**CLICK HERE TO VIEW MORE DETAILS & TO REGISTER**

OR PHONE STEPH ON 0466 719 613

Since July 2018, Steph has completed 12 information sessions for polio survivors, and will be working her way through Vic, SA, Tas, and now NSW.

## Polio Australia And Carers Victoria In Warrnambool

**By Steph Cantrill  
Community Engagement Officer**

Polio Australia was pleased to partner with Carers Victoria for a combined information session on Tuesday the 26<sup>th</sup> of February in Warrnambool (Victoria).

I gave a brief presentation that included an overview of the Late Effects of Polio, some health professionals to connect with, and a few self-management strategies. This was mainly for the benefit of the 'new' polio survivors who joined the existing group; in total, there were 9 new faces at the session. It was also good for the Warrnambool Polio Support Group members to refresh their knowledge. Most importantly, they were able to share their own wisdom and experience with the rest of the attendees.

Kate Outhred, Carer and Community Educator from Carers Victoria, then gave an engaging presentation on the definition and role of a carer,

the resources and services available to carers, and some self-care strategies for both polio survivors and their carers/partners. Kate introduced the concept of mindfulness as a strategy for stress reduction and being 'in the moment'. This was a very new concept for some, but people were willing to give it a go. I hope they find some lasting benefit in using this useful strategy.

In all, the session was well received, and some good connections were made. We hope this is part of an ongoing partnership with Carers Victoria, and that more friendships and avenues of support were formed among polio survivors and carers in Warrnambool.

If you're interested in hosting a group event for Polio Australia and Carers Victoria, contact Steph on 0466 719 613 or [steph@polioaustralia.org.au](mailto:steph@polioaustralia.org.au). For states other than Victoria, contact Steph to discuss other options. 🌐



## New “Living With Polio” Information Hub



A major objective of Polio Australia is: *to educate and inform polio survivors, their families and carers, and the community at large about the late effects of polio.*

During the second half of 2018, the team at Polio Australia identified that there was a gap in providing accessible, practical information to our post-polio community. Much of the existing information was lengthy and often clinical.

In response, Polio Australia has developed a brand new series of fact sheets on the Late Effects of Polio. There four categories: Health, Lifestyle, Services and Providers, covering 29 topics.

The fact sheets are typically 2-page printable resources which can be used by polio survivors, their families/carers and/or health professionals to increase knowledge about the Late Effects of Polio.

We consulted a number of health professionals to

contribute to and/or review the content. The design of the fact sheets was the result of a partnership with Swinburne University students.

Sitting alongside the fact sheets, Polio Australia has filmed a series of videos featuring key health professionals. The videos aim to give an overview of the topic, and tips for managing the condition. A few videos are currently available, but many are still a ‘work in progress’.

We have also included clinical research papers, external links, and tips on finding an appropriate health professional.

The new “Living With Polio” webpage aims to be an information hub for polio survivors to find all they need about their condition. Access the new resources here:

[www.polioaustralia.org.au/living-with-polio](http://www.polioaustralia.org.au/living-with-polio)

**Note:** this webpage is still under construction, so check in regularly for updates. 🌐

## Have Your Say: Aged Care Royal Commission

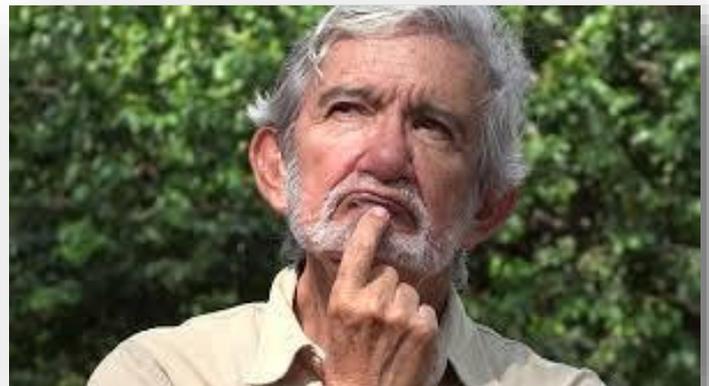
**Please have your say by completing this [Online Survey](#).**

Polio Australia will submit a statement to the Royal Commission into Aged Care Quality and Safety. We want to make sure we have an accurate picture of the concerns and problems experienced by polio survivors who access aged care support across Australia.

Polio Australia may use some of the details as an example case study, or in identifying common concerns, as part of this submission. Your details are anonymous in regards to this form and any details provided within a submission to the Royal Commission. However, there is an opportunity to complete your personal details should you wish to be contacted and/or like further information.

The final submission will be shared by Polio Australia to polio survivors through a variety of our communication platforms.

The time to complete the survey will depend on the concerns or problems you raise—they are open text boxes. Please note, the aim of this submission is addressing the difficulties someone experiences as a result of the late effects of

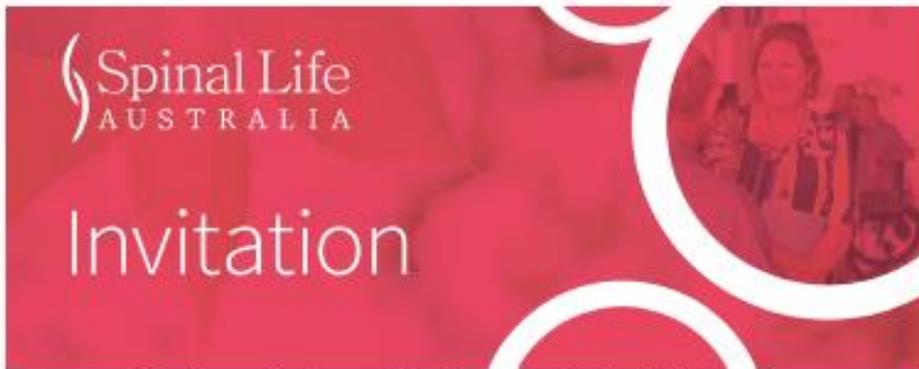


polio. You may complete parts of the relevant section of this form based on your experience/s. For example, write in 2 of the 5 text boxes within the Home Care Package section of this form; with no other sub-section being relevant (e.g. flexible care or residential care). Once you have completed any relevant areas, please click the “SUBMIT” button.

If there are any concerns or queries with this form, please contact Paul Cavendish (Clinical Health Educator, Polio Australia) on:

0466 719 013 / [paul@polioaustralia.org.au](mailto:paul@polioaustralia.org.au) 🌐

## Dr Steve de Graaff Video Presentation



Pain, Anaesthetics and Physiotherapy for the Polio survivor

*You are invited to join us for the latest update on pain management for the polio survivor*

Dr Stephen De Graaff, Director of Pain Services at Epworth Rehabilitation and Mental Health will present via video link a talk on pain management for the polio survivor.



To request a link to this early afternoon video presentation, please contact Jeanette Kretschmann on:

[jkretschmann@spinal.com.au](mailto:jkretschmann@spinal.com.au)

or

Phone: 07 3435 3140

## Why Are We Talking About The NDIS? *Cont'd from P3*

Vilas Raju Mehabubani, a polio survivor living in Sydney, explains "My current NDIS plan includes various goals based on my current health condition. One of the main goals includes physiotherapy for my upper body and to build strength in my right leg and back, and improve body posture."

Polio Australia aims to support *all* polio survivors living in Australia by increasing awareness about the Late Effects of Polio, and linking polio survivors with appropriate information and support.

Some places to start:

- All polio survivors can add their name to the [Australian Polio Register](#), wherever they were born.
- Polio survivors under 65 years of age can access the [NDIS](#) and join the [Next Generation Facebook Group](#).
- Polio survivors over 65 years of age, can access [MyAgedCare](#).

Polio Australia is consistently advocating (systemically) to improve the resources and services that are available to polio survivors. 🌟

<sup>1</sup> Polio Australia (2019). *Polio Timeline*  
[www.poliohealth.org.au/polio-timeline/](http://www.poliohealth.org.au/polio-timeline/)

<sup>2</sup> Polio Australia (2019). *Australian Polio Register*  
[www.australianpolioregister.org.au](http://www.australianpolioregister.org.au)

<sup>3</sup> World Health Organization (2019). *Global Polio Eradication Initiative – Polio-free countries*  
<http://polioeradication.org/where-we-work/polio-free-countries/>

*Read the latest about NDIS and Assistive Technology on [page 12](#).*



*Gurmail (Happy) Singh*



*Vilas Raju Mehabubani*

## Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 November to 31 January 2019. Without you, we could not pay our rent, core operating expenses, or management staff!

### General and Regular Donations

Anonymous Jill Burn Frank Perre Liz Telford Gillian Thomas

Ringwood Clocktower Probus Club Joan Smith's Card Sales

**Total—\$5,764.90**

### Walk With Me Donations

See all donors listed via the [Walk With Me](#) webpage

**Total—\$3,060.10**

**Grand Total—\$8,825.00**

## Order of Australia Recognition

**Congratulations!** This year, the Order of Australia Awards recognised two contributors within the post-polio community.



### **Mrs Ann Dorothea Buchan OAM**

South Australia

*For service to medicine as a neurological physiotherapist.*

Now semi-retired, Ann continues to see some people privately and delivers training to physiotherapists on a variety of neurological conditions and factors. Ann helped set up the first Polio Clinic in South Australia and assisted with editing polio information handbooks. In addition, she began the first hydrotherapy group for people with Muscular Dystrophy and started a singing group for people with neurological and voice production issues. Ann believes that physical, emotional, social, mental and spiritual aspects must all be considered in treatment and a balance is needed between the art and science of Physiotherapy.



### **Miss Merle Kay Thompson OAM**

New South Wales

*For service to the community through a range of organisations.*

Merle's award came after her dedicated service to the community through a range of organisations including Polio NSW, Australian Federation of Graduate Women and Australian Plants Society NSW (APS NSW). She spent from the age of 21 to the age of 55 working in the NSW Public Service in counselling and administrative positions but her OAM was for her non-paid work.

*"I am a polio survivor, I started with Polio NSW as a member myself, but I'm just not good as a member, I needed to be a contributor, so I was on the committee as vice president and then secretary," she said. 🌟*

## Advocating For Orthotic Services And Medicare

**Source:** [www.aopa.org.au](http://www.aopa.org.au)—February 2019

The Medicare Benefits Schedule Review Taskforce has recommended orthotists/prosthetists be included in Medicare following advocacy by the Australian Orthotic Prosthetic Association (AOPA).

The Medicare Benefits Schedule (MBS) is a listing of the Medicare services subsidised by the Australian government, including a range of items that support persons with chronic disease to access allied health professionals. AOPA has been advocating for the [Inclusion of Orthotic/Prosthetic Services in Medicare](#) and demonstrating the essential role of orthotists/prosthetists in the primary care setting. The inclusion of orthotic/prosthetic services in the MBS will reduce health costs, benefit patients, prevent hospitalisations, reduce the number of amputations, and save lives.

### Recommendation from the Medicare Review Taskforce

AOPA presented a proposal to [Include Orthotic/Prosthetic Services in Medicare](#) in August 2018 to the Minister for Health and the Allied Health Reference Group of the MBS Review Taskforce. The MBS Review Taskforce was established in 2015 and is responsible for considering existing and possible MBS items and then providing recommendations to Government.

The Taskforce released their Allied Health Reference Group report on 6 February 2019 recommending the introduction of 'a new item for orthotic or prosthetic services under the MBS'. This is a significant step for the orthotic/prosthetic profession and all Australians that need better access to orthotic/prosthetic health care.

### Recommendation 3 – Improve access to orthotic or prosthetic services

The Reference Group recommends:

- creating a new item (109BB) in the M3 group for the delivery of orthotic or prosthetic services, lasting at least 40 minutes
- allowing this item to be claimed when referred by a GP as part of a CDM plan (item 721), including TCAs (item 723)
- specifying in the explanatory notes that eligible allied health professionals include prosthetists and orthotists
- capping the number of times this item can be claimed to once per patient, per calendar year

The Taskforce noted the evidence for orthotic/prosthetic health services and the benefits of ensuring better access through Medicare.

This recommendation focuses on providing high-quality care to patients with complex care requirements who are at risk of hospitalisation.



It is based on the following:

- Services provided by orthotists and prosthetists have been shown to improve clinical outcomes in several health conditions such as diabetes, stroke and other neurological conditions, and arthritis.
- Orthotists and prosthetists are uniquely positioned to provide orthotic and prosthetic services in complex cases. As such, the Reference Group agreed that their inclusion in the MBS would improve clinical outcomes.
- The Reference Group agreed that the Australian Orthotic Prosthetic Association's (AOPA) submission on this topic provides a detailed analysis of the evidence and the case for including orthotists and prosthetists, as per this recommendation.

Following a consultation period ending in May 2019 these recommendations will be provided to Government to be implemented. The [full report from the Allied Health Reference Group](#) can be viewed online.

### We Need Your Help

We will need your help to ensure the Government adopts the recommendation to include orthotic/prosthetic services in Medicare.

The Allied Health Reference Group report is now open for consultation till 17 May 2019. Following the consultation, the Minister for Health may implement the recommendations of the Reference Group and Taskforce. To support the adoption of the recommendation it will be important that many voices, including those of practitioners, patients and other stakeholders, are heard through the consultation process.

In March, AOPA will be providing guidance to members on the most effective way to engage with the consultation process and to advocate for a better Medicare system that supports access for patients that require orthotic/prosthetic services. 🌟

## “Poppy, Are You Ready Yet?”

By Kerrie Cross

Source: [www.scootersaus.com.au](http://www.scootersaus.com.au)  
Media Release—August 2018

Buying a mobility scooter has been a journey in itself. An emotional journey, a realisation that one has moved into another phase of life, the fear of the downward spiral, the reluctance to be defined by disability, an image problem one could say. It was a long and painful journey of approach and retreat.

This journey came to a head while staying on Darwin's waterfront. We were visiting family, spending precious time with a two year old granddaughter. We made the big step of hiring a mobility scooter. There were lots of smiles at the sight of (I hate to say it) an elderly man on a scooter with a child in a pusher alongside. Interestingly, it was the little kids, the boys, who were most fascinated. They would point it out to their parents. Clearly they wanted one as a toy. Each morning as we set off for coffee in the Darwin Mall our excited little granddaughter would say: “Are you ready Poppy?”

And for me and my husband it was transformative.

We had fun together for the first time in a long while. No more of (as had been our pattern travelling the world) “You go off, I really am quite happy sitting in this coffee shop while you have a look around, take as much time as you want.” Well, that was never going to happen—it's too unkind to leave a partner sitting there while others covetously eye the table, and the waiters do what they do to try and move people on.

As soon as we came home from Darwin, we continued that journey, off to Dandenong, back to the lovely Joanne to purchase a comfortable all-purpose scooter. My husband was very attracted to the glamour model that I likened to a small car, but fortunately his love of supermarkets tipped the balance towards a scooter small enough to manage the aisle of our local IGA.

It was so much fun and good for both of us. I was walking again, keeping up with the scooter, always a person who needed exercise. I could see that I would soon lose the weight I needed to lose.

We weren't done there. We had a taste and we wanted more: to restore the lost wonderful experience of Travel, to do things together again. So within weeks we took another journey to Dandenong to purchase a Luggie Travel Scooter. Recently, we took it with us all the way to the UK and France. A friend made a great wrap to protect it during luggage handling and our travel agent helped us to obtain the required airline approvals.

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## Look Mum—No Hands!

**By Dr Ian Neering**

Back in 2011, I wrote an article for [Polio Oz News](#) about the Segway as a personal transporter that might be useful to some old polio types. In that article I wrote how the Segway had transformed my life and made accessible all manner of activities previously unavailable to me.

Over the years, my Segway displayed signs of ageing, requiring service and replacement parts. I was able to do much of the work on it myself, though, because of the introduction of new models, spare parts became difficult to source. In that first article I mentioned that newer versions of the Segway, released after my model ceased production, were steered by moving the previously rigid vertical support bar from side to side. Clearly, this wasn't going to work for me because I depended upon the rigidity of this bar to support me as I stood on my Segway's platform.

Initially, I was able to source old and abandoned Segways of the same model as mine and use them for spare parts but ultimately this was not sustainable.

In my desperation to stay mobile and maneuverable, I looked at other alternatives. I tried a Chinese version of a Segway. This device looked a bit like a broomstick with a bicycle seat. Sadly, the thing was a bit of a death trap as it tipped me off on several occasions. Its basic difficulty was a relatively narrow wheel base so that if you attempted to traverse a moderately steep slope, it would 'capsize'.

The other issue with Chinese versions of the Segway is their lack of redundancy. This makes them much more affordable than an original Segway but it also renders them less safe. Proper Segways have multiple backup systems including two identical batteries. Thus, if one fails, the other one is ready to take over, keep you balanced and stop you turning into a mush of blood and bone.

After that, I tried a Luggy type of lightweight scooter. Most of you will be familiar with this type of folding scooter designed for lightweight and easy stowing. This was OK as far as it went but it was unsuitable for anything more demanding than a flat, paved surface such as home, shops or airport interior. 'Horses for courses' you might say and I'd agree with you.

The fact was that I needed more. I wanted a device that would get me back out into the wide world of parks, bushland walking tracks and some adventure. I got into the habit of routinely Googling electric transport devices and one day last year was pleasantly surprised to come across an article detailing the [Ogo](#) (pictured above right), a new product developed in New Zealand.



Those NZ-ers are pretty innovative. I was instantly impressed!

You will see that what we have is essentially a sit-on Segway. Indeed, the Ogo is built around a genuine Segway base. This means that the Ogo has all of the built in redundancy systems of the Segway as well as its steering characteristics.

Those of you who are familiar with Segways will be aware that forwards and backwards movements are controlled by body lean position. There are no brakes per se but rather, braking is activated by body lean opposite to the inclination. In standard Segways, left or right movement is controlled by pushing the vertical support bar in the direction of the desired turn. In the sit-down Ogo you have two options for this.

Firstly, the Ogo comes with a joystick (on the left or right, whichever the buyer specifies). The joystick is used for turning in combination with leaning for backwards/forwards movement. Alternatively, by turning a lever at the back of the Ogo, you can activate lean steer which allows all movements of the Ogo to be controlled by body positioning. To become adept at this takes a little practice but, as the vendors are keen to point out, this method of controlling the Ogo gives your core muscles a great workout!

Of course, the other advantage of this is that your hands are free so you can be moving while doing other things. In my case, I'm looking forward to being able to race a radio controlled sailing boat while moving along the shore line.

## Look Mum—No Hands! *Cont'd from P10*

One other important addition that the Ogo manufacturers have made is a retractable undercarriage. This offers an additional safety level, making mounting and dismounting much easier as well as allowing the Ogo to become a default seating chair. Just roll up to your favourite café and make a space at the table – no need to transfer from the very comfortable seat. This electrically actuated undercarriage has its own battery so it offers that additional level of safety should issues arise with the main power supply. Of course, it also means that you have two separate batteries to charge but this is hardly a hardship. I understand that in versions of the Ogo to come, battery charging will become a single cable operation.

The only negative that I've encountered with regard to the landing gear is that it reduces the ground clearance relative to a standard Segway. This, coupled with a protruding footrest, means one needs to be a bit more careful than previously when making the transition from roadways to footpaths via the scallop in the curb.

The Ogo comes complete with LED headlights and tail lights so you can use it any time. Coming in at around 75kg (with batteries) the Ogo is significantly heavier than a Segway (about 50kg). It's also somewhat bulkier. This may potentially be a problem if you plan to transport the machine from place to place. One way around this is to use a Trilift. I introduced this device to our local Ogo dealer and he has now become an agent for them. All that is required is to fit a small bracket to the Ogo. Attach the Trilift to your car's tow bar, then, just back the Ogo up, engage the bracket and flick a switch on the Trilift, which will raise the Ogo off the ground and

into a secure position on the back of your car. You can see how this works [here](#).

A feature of the Ogo that I particularly like is the dual set of wheels that are available. The standard, narrow gauge wheels are fine for indoor or paved surface use and offer the smallest footprint. However, if you want to do some 'off-roading', something more robust is required. To achieve this is a set of all terrain wheels with a wide and chunky tread. The instant sense of confidence one gets when wearing these wheels is palpable and I really recommend you add this if you do buy an Ogo. The only problem with these wheels is that they render the Ogo too wide to get through a standard doorway. This means you will need to change over from time to time. This is not difficult being the work of a few minutes to remove three wheel nuts on each side but it does mean that the Ogo has to be tipped over on its side, something that may be difficult for old polios to do without help.

All of these features come at a price. The Ogo is not cheap. It costs as much as a small car and may be beyond the means of many. I understand that it may be available through the NDIS but that is a maze of government bureaucracy that I leave to others to navigate.

I dealt with John Lord at [Electric Vehicles Oceania](#).

It's quite easy to organise a test drive. Ogo take seriously the importance of driver training and part of the package includes a one-on-one post-delivery training session.

Happy Ogoing! 🌟

## "Poppy, Are You Ready Yet?" *Cont'd from P9*



In the UK, we stayed with family in a commuter town south of London. We could scoot to the station, take a black taxi from Charing Cross to our destination, and explore our old and favourite haunts again for the first time in years. We visited Northumbria and Uzes in Provence and many other places.

Yes, as we were warned, our Luggie has no suspension and the cobblestones were a challenge. Yes, I had to lend left to the struggling battery when the hill was a bit steep. When we remembered to take the charger, we were able to top up while we had lunch in a cafe or a drink in a bar. No one minded sharing their electricity. I gave thanks daily to the 'Master of the Universe', that at 73 I could still lift the scooter in and out of the car. More often than not there were willing helpers, including my husband.

Would you believe, he still spent a lot of time sitting in coffee shops and wine bars? The town square in Uzes is an absolute delight, and he fits right in. Besides, like most men, he loathes shopping.

"Poppy, are you ready yet?" Yes, we are on our way. 🌟

## Simpler Process To Improve NDIS Assistive Technology

By Lizzie Hunter

Source: [Freedom2Live.com.au](http://Freedom2Live.com.au)  
– 28 February 2019

National Disability Insurance Scheme (NDIS) participants will find it easier to replace their Assistive Technology (AT) to enable them to continue to pursue their goals following the introduction of simpler processes.

Minister for Families and Social Services, Paul Fletcher said replacement for standard AT items will be quickly assessed by the National Disability Insurance Agency (NDIA) without needing a full re-assessment, and will only require one quote for items valued between \$1,500 and \$15,000.

*"We recognise the importance of Assistive Technology to NDIS participants. AT enables people with a disability to live a better, more independent and inclusive life," Fletcher said.*

*"By improving and streamlining the process for approvals, we are cutting back on the red tape to replace items, while also reducing the delays in the assessment process and delivery of AT."*

Assistant Minister for Social Services, Housing and Disability Services, Sarah Henderson said that feedback from participants and stakeholders has guided these changes.

*"By refining the AT process, and simplifying the AT replacement process, NDIS participants*

*are better supported to maximise use of their funding and focus on their goals," Henderson said.*

David Sinclair, Executive Officer of the AT industry body Assistive Technology Suppliers Australia (ATSA) agreed saying: *"ATSA welcomes this announcement and looks forward to the improvement it will make to NDIS participants."*

From April 2019, the NDIA will commence the pilot of a new approach to improve the quality and timeliness of assessment for participants requiring complex and nonstandard AT.

In June 2019, the NDIA will introduce changes making it easier for participants to access refurbished or pre-used AT. These changes build on earlier improvements to AT processes.

Since May 2018, low cost, low risk AT under \$1,500 could be purchased without further assessment, quotes or approvals once approved as reasonable and necessary in a participant's plan. This benefited an estimated 45 per cent of participants requiring AT.

Since December 2018, no more than two quotes have been required for AT costing greater than \$1,500.

When the NDIS is fully rolled out, it is estimated that approximately \$1 billion per annum will be spent on AT.

For more information, visit the [NDIS website](http://NDIS website).

## About Occupational Therapy

**Occupational Therapy Australia has launched a consumer website: [aboutoccupationaltherapy.com.au](http://aboutoccupationaltherapy.com.au)**

This is an important change to the way information has been provided regarding occupational therapy. Previously this information for consumers was on the [otaus.com.au](http://otaus.com.au) website which also hosts information for OTs.

By providing an easy to navigate specific website, consumers can now find out what occupational therapy is, how to find an occupational therapist, and the type of therapy equipment available, in one place.



[Click on graphic to link](#)

## Navigating A New Era In Aged Care Access

**The Hon Ken Wyatt AM, MP**  
**Minister for Indigenous Health**  
**Minister for Senior Australians and Aged Care**

**Source:** Press Release – 25 February 2019

A new network of aged care navigator centres, information hubs and specialist advisers aims to streamline aged care access, with a \$7.4 million national trial being rolled out from today by the Morrison Government.

Launched under the Aged Care System Navigator initiative, the three new trial programs will offer face-to-face assistance to senior Australians and their families in every state and territory, including selected rural and remote areas.

The trials will also offer some services over the phone or online to maximise the reach of the trials and test the way in which these services can offer meaningful support to people navigating aged care.

*"Navigators will target senior people in need, especially those facing language or other difficulties, to help ensure they receive support and information",* said Minister for Senior Australians and Aged Care Ken Wyatt AM.

*"They will make a big difference, in keeping with our Government's commitment to person-centred care.*

*"The Navigator system is critical to ensuring senior Australians have more choices for longer and better lives."*

The three trial programs consist of:

- 32 aged care information hubs to provide locally-targeted information and build people's capacity to engage with the aged care system.
- 21 community hubs where members support each other in navigating aged care and healthy ageing.
- Nine specialist support workers to offer one-on-one support for vulnerable people.
- Additionally, the Australian Government has expanded the scope of the programs to better support seniors living in regional Western Australia with face-to-face services in the Kimberley, Mid-West (Murchison) and Pilbara regions.

The trials will be delivered by 30 delivery partners led by COTA Australia, bringing a breadth of experience and strong ties to local communities and services.

COTA CEO Ian Yates AC said the need for such a system had been identified by the National Aged Care Alliance in its discussion paper 'Integrated Consumer Supports'.

*"COTA Australia congratulates the Government for funding the trials and for recognising the urgent need to invest in 'system navigators' in the aged care system",* Mr Yates said.

*"The great thing about these trials is that they steer away from a cookie-cutter approach to accessing aged care and recognise the importance of tailoring support to access aged care services to different situations and contexts.*

*"A 90-year-old in the top end of Australia is going to have very different access support needs to a 70-year-old in inner city Melbourne – both the trial locations, and the groups in the consortium who will be delivering the supports, have been selected to reflect the breadth and diversity of Australia's ageing population."*

The programs build on a trial that started in October 2018, also launched under the Aged Care System Navigator Measure.

This earlier trial offers support to seniors making complex financial decisions when planning for, or entering, aged care by providing access to aged care Financial Information Service Officers (FISO) in the Department of Human Services.

The trials, as well as existing assistance offered by a number of organisations, will be independently evaluated by health and human services consultancy Australian Healthcare Associates (AHA). This evaluation will inform future policy considerations and guide the implementation of long-term models of support.

The information hubs, community hubs and specialist support worker trials will conclude in June 2020, and the FISO trials will conclude in October 2019.

Further information on the information hubs, community hubs and specialist support worker trials, including locations and local delivery partners, is available from the [COTA website](#).

[PDF printable version of Navigating a New Era in Aged Care Access - PDF 138 KB](#)



## Specialist Fees Website Aimed To End Bill Shock

### Consumer Health Forum Media Release

Source: [www.chf.org.au](http://www.chf.org.au) – 2 March 2019

Health consumers already paying out thousands of dollars a year in premiums may at last be able to check out what further out of pocket costs they face going to private specialists with the announcement of plans for an official website disclosing fee levels.

*"We support this first important step to bring private medical charging practices into line with contemporary business practices,"* the CEO of the Consumers Health Forum, Leanne Wells said today, commenting on the release of the report and recommendations of the Ministerial Advisory Committee on Out of Pocket Costs.

*"Out of pocket costs and the resulting 'bill shock' incurred by many patients when they get hit with charges running into thousands of dollars for standard treatments has been a concern raised repeatedly with the Consumers Health Forum in recent years.*

*"The wrenching experiences faced by so many privately insured consumers including cancer patients and others requiring life-saving treatment was highlighted in last year's out of pocket costs survey report by the Consumers Health Forum which has been cited in the ministerial advisory committee report.*

*"The report says there are a minority of specialists charging egregious fees but also makes the point that many people also struggle to deal with the cumulative impact of numerous modest fees.*

*"We need more transparency and price disclosure as a means at least of bringing high fees to the*

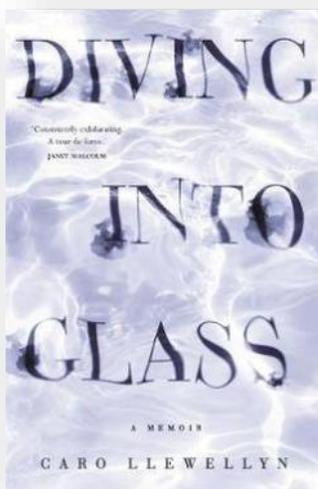


*notice of consumers, enabling them to compare and contrast fees where possible. We have previously called for an authoritative website disclosing individual specialist fees for some years and it is good to see the committee has also recommended this measure.*

*"The challenge now will be to ensure that once it is introduced after consultation with consumers and doctors that all specialists use it. We need ways to ensure participation and we expect doctors to cooperate and their professional associations and colleges to lead in the public interest.*

*"Consumers also need to see individual performance statistics of specialists. As the committee report says, higher fees do not necessarily mean higher quality care. Developments in information technology and health data collection are now making it more feasible to show specialists' outcome performance. We welcome the Government's commitment to ensure more consumer education about out of pocket costs. It is especially important given most people find the private health costs system a maze,"* Ms Wells said. ●

## A World Shattered—A Life Remade



### ***Diving Into Glass* by Caro Llewellyn**

Published by [Penguin Books](http://Penguin Books)

Caro Llewellyn was living her dream life in her adopted home of New York, directing an international literary festival. Then one day, running in Central Park, she lost all sensation in her legs. Two days later she was diagnosed with multiple sclerosis.

Caro was no stranger to tragedy. Her father Richard contracted polio at the age of twenty and spent the rest of his life in a wheelchair. Dignified, undaunted and ingenious, he was determined to make every day count, not least seducing his nurse while still confined to an iron lung, then marrying her.

But when Caro was herself blindsided by illness, cut loose from everything she depended on, she couldn't summon any of the grace and courage she'd witnessed growing up. She was furious, toxic, humiliated. Only by looking back at her father's extraordinary example was she able to rediscover her own grit and find a way forward, rebuilding her life shard by shard.

An emotionally brutal memoir of family, vulnerability and purpose, *Diving into Glass* is a searing, often funny portrait of the realities of disability and an intimate account of two lives filled with vigour and audacity. ●

## No Obstacles For Bill!

By **Boyd Huppert**

Source: [www.kare11.com](http://www.kare11.com) – 24 February 2019



RANDOLPH, Minnesota — The Firebirds, Chevilles and Camaros are gone from Bill Waldschmidt's automotive shop. "Just memories", Bill says of the cars he once spent hours repairing and restoring.

When the last of the classic cars rolled out of Bill's shop, different wheels moved in. These days, he toils for hours restoring power wheelchairs.

"Life has been really good to me", Bill says. "So, I've got to pass it on." In that proclamation, Bill's optimism shines through.

Consider this: At age 4, Bill contracted polio and spent most of his childhood on crutches. As an adult, he regained enough strength to walk up the aisle unassisted on his wedding day.

But 10 years ago, the retiree's symptoms returned. Post-polio syndrome put Bill in a wheelchair, chasing the classic cars from his garage and giving Bill perspective he needed to help others.

During the past few years, Bill has refurbished

dozens of power wheelchairs he's then given away to people who can't afford to buy one.

Don Johnson, a disabled Vietnam veteran, is now the owner of one of Bill's chairs.

"I've never had a gift like this, never", says Don, who is missing his right leg. "He's the kindest man on the planet that I've ever met. He does all this out of his heart, just out of the kindness of his heart."

Given a tip, Bill will drive miles in his handicapped-accessible van to pick up a used power wheelchair.

"He sees no obstacles", says Gerry Falkowski, program manager for the Donor Connect program of the Disabled American Veterans of Minnesota. "There's a passion he has that's hard to describe."

Bill says he's found far more satisfaction refurbishing wheelchairs than restoring cars.

"I delivered a wheelchair to a guy who came out crawling, he had no legs", Bill says. "He got right up into that wheelchair, biggest smile on his face."

Bill spent his career working as an engineer for Twin Cities-based Thermo King. Though retired now, the engineer is still at it.

"I think his mind is always being creative and thinking", says Bill's wife Mary. "He's touching so many people's lives and I'm so proud of him."

Bill Waldschmidt may spend his days in a wheelchair, but he will never be content sitting still. 🟡

*NOTE: If you would like to learn more about donating a wheelchair to Bill – or would like to donate to his battery replacement fund – you can email Bill at [billwaldschmidt@yahoo.com](mailto:billwaldschmidt@yahoo.com) (USA)*

## Doctor For 2 Years Disqualified

**Doctor for 2 years, recent changes in law 'disqualify' polio-stricken man for post graduation**

By **Newsd**

Source: [newsd.in](http://newsd.in) – 19th February 2019

Mohammad Shaloo, who completed his MBBS last year, wished to pursue further studies in radio diagnosis for which he cleared his NEET and even finished counselling. However, the sudden changes in the Medical Council of India guidelines has left the polio-stricken man 'ineligible' for pursuing post-graduation.

The 27-year-old suffers from a 90 per cent disability, which according to the amendment to Graduate Medical Education, 1997 — notified on February 4 — disqualifies him as a medical student.

Despite both his legs being affected with polio, Shaloo, from Nagaur district of Rajasthan, was determined to become a doctor. He went to Kota for coaching and in 2011 got admission in the government medical college in Ajmer under the disability quota after being certified as having over 50% disability.

After MBBS, he did eight months as a junior resident (JR) in the paediatrics department of his

## Doctor For 2 Years Disqualified *Cont'd from p15*

college and was then selected on a temporary basis as a JR in the Physical Medicine and Rehabilitation department of Ram Manohar Lohia Hospital in Delhi where he worked for a year. He then cleared the NEET PG exam.

However, in the Safdarjung's PMR department, he was told that he had over 90% disability and therefore, was "ineligible for admission".

As per few reports, the eligibility guidelines for undergraduate medical education fixed by MCI and notified on February 4 stated that those with disability beyond 80% would be ineligible for MBBS. This was despite the health ministry suggesting that the amendments to the Regulations for Graduate Medical Education 1997



should allow students with over 80% locomotor disability to appear for MBBS entrance and determine their functional competency with the aid of assistive devices if they were selected.

Shaloo (*pictured above in middle*) is now planning to approach the Prime Minister for help.

Meanwhile, several other doctors have also come out against this change and written to both Union Minister of Health, JP Nadda, and MCI Board of Governors, condemning the revised regulations. ●

## When A Minor Seeks Vaccination Without Consent

By **Alicia Ault**

**Source:** [www.medscape.com](http://www.medscape.com) (subscriber based)  
– 20 February 2019

A 16-year-old is in your office. She's scared because she's heard measles are making a comeback, but she knows she's never been vaccinated. Now she wants you to give her the measles-mumps-rubella (MMR) shot, even though her parents don't want her to get one. What should you do?

Such a situation may become less rare as social media-savvy teens read about peers who are questioning their parents' beliefs in the face of what seems to be a growing number of previously eradicated disease outbreaks, including measles, which is hitting parts of New York City and state and parts of Oregon and Washington.

For the clinician, deciding whether to vaccinate a minor without a parent's consent is a tough situation — one that is not squarely addressed by federal law or ethical standards.

Although Congress has some upcoming hearings on vaccine exemptions, and US Food and Drug Administration Commissioner Scott Gottlieb, MD, told CNN that the federal government might have to step in, current state laws govern age of consent for medical procedures, including vaccination. The Hippocratic Oath dictates, "First, do no harm."

Still, it's a hazy situation, ethicists say. "There's no clear legal guidance on when a minor's

determination or desire for treatment or lack of treatment differs from their custodial parents' wishes", said Zack Buck, JD, MBE, associate professor of law at the University of Tennessee College of Law, Knoxville. "You're so far off the paved surface here", he told *Medscape Medical News*.

In this situation, "the law leaves it up to each physician's guiding light to mete out what type of action is appropriate", he said. However, Buck said that courts aren't likely to back a physician who overrides a parent's wishes to vaccinate a minor — unless a case could be made that there's an imminent risk of danger in not being vaccinated.

"Parents have a lot of authority in the medical decision-making of anybody under 18", said Art Caplan, PhD, a frequent contributor to *Medscape*, and the Drs William F. and Virginia Connolly Mitty Professor of Bioethics and founding head of the Division of Medical Ethics at NYU School of Medicine, New York City.

"Unless there is a clear and imminent danger of death, the authority of the parents is not likely to be overridden by anybody", Caplan told *Medscape Medical News*.

### More Teens Questioning Parents

The actions of one adolescent seem to have ignited a small conflagration among teenagers and young adults who may have been questioning whether they should be vaccinated in spite of their parents' stance against vaccination.

## When A Minor Seeks Vaccination *Cont'd from P16*



Eighteen-year-old Ethan Lindenberger (*pictured*), from Norwalk, Ohio, has become a social media and mainstream media sensation since his [story](#) first appeared on February 6 in *Undark*.

Lindenberger, whose mother believes that vaccination causes autism, had been researching vaccination on his own for several years. At age 18, a friend told him he could get vaccinated without his parents' permission. But he was still hesitant, he told *Medscape Medical News*. Then he discovered he would need to be vaccinated to gain admission to college. His mother, Jill Wheeler, told him he could opt out under state laws that permit waivers for religious or medical reasons — as she had done to keep him in high school.

All 50 states require specific vaccines for students, but every state grants exemptions for medical reasons, according to the National Conference of State Legislatures. Almost all states grant religious exemptions, and 17 states allow philosophical exemptions for personal, moral, or other beliefs.

Lindenberger decided immunization was too important to opt out. He talked with the family physician and discovered that he had been given a tetanus shot at age 2 after an injury and a hepatitis B vaccine at some point — although his mother denied he'd ever gotten the latter shot and said it must have been done without her consent, Lindenberger said.

He said his mother is not anti-medicine, but that *"parents are to be trusted more than doctors."* Wheeler continues to be anti-vaccinations, as her posts on Facebook show. She believes that physicians are trained to say that vaccines are good and don't entertain alternative views — that *"takes away the legitimacy, in her eyes"*, Lindenberger said.

*"I think that's ridiculous"*, he said. *"To think that the medical community is to be distrusted because you disagree with them on one topic — it's a little silly."*

His family physician referred him to the health department for his vaccines, where he received the influenza, HPV 1, hepatitis A, hepatitis B, and tetanus shots in December. He will be receiving the MMR, polio, chickenpox, and HPV 2 later in February.

Lindenberger has been an active presence in news reports, and hosted a [Reddit AMA](#) (*"Ask Me Anything"*) on February 13 entertaining questions

about his decision to be vaccinated against his mother's wishes — a follow-up to an initial posting on Reddit in November, when he first broached the subject asking for advice on getting vaccinated.

The Ohio teenager has since become a go-to source for hundreds of others who are contemplating the same thing, said Lindenberger. It's mostly 15-to-18-year-olds, but also people in their 20s, many living at home, he said.

*"A lot of them said I'm in a similar situation and it sucks"*, Lindenberger told *Medscape Medical News*. Most of them feel stuck — they believe that vaccines are good, but they feel like they can't go against their parents.

He has advised his peers to become familiar with consent laws in their states and see if they can be vaccinated without their parents' permission. Otherwise, *"try to talk to your parents if you can, try and convince them, show them the evidence, explain that you might disagree, but you still love them."* Or, they can wait until they are 18 or until they have moved out.

*"But you also have to understand that at that point you're really postponing medical procedures that are extremely important"*, Lindenberger said he tells those seeking advice. He adds, *"If you think vaccines are as important as I do, you'll try to get vaccinated as soon as possible."*

It's unclear what effect Lindenberger's high profile is having on other teens. But CTV Vancouver, a local television station, on February 18 [reported](#) a surge in teens seeking vaccinations against their parents' wishes in Vancouver — which has an active measles outbreak.

### What Can Clinicians Do?

Should physicians approve minors' requests for immunization?

Abigail English, JD, from the Center for Adolescent Health & the Law, Chapel Hill, North Carolina, recently addressed the topic in *Pediatrics*. *"The question of when adolescents may give consent for their own vaccination depends on an analysis of several factors: the age and capacity of the adolescent, the state in which the adolescent is seeking care, the legal status of the adolescent, the type of health care, and the disease for which vaccination is being administered"*, she and colleagues wrote.

Generally, consent laws for minors either allow them to give consent on the basis of their status (married, mature, pregnant, etc) or the services they are seeking. *"Ultimately, providers and public health officials in each state must*

## When A Minor Seeks Vaccination *Cont'd from P17*

*understand the laws and interpretations in force in their state*", English wrote. She noted that information about the minor consent laws is available from the Center for Adolescent Health & the Law and the Guttmacher Institute.

Caplan and Buck both said that a physician may decide that ethically — or even medically — it is in the best interest of the child to give the vaccination.

But if state law is not on the doctor's side it can open them up to legal challenge, Buck said. *"It depends here whether or not the parents feel that a doctor overriding their wishes is overstepping in a way that's worth seeking legal compensation for"*, he said.

He advises clinicians to *"document, document, document"*. It would be difficult for parents to prove they have compensable damages, Buck said.

Even if damages are not awarded, having a legal judgement against a clinician is obviously not

good, he said. A physician who vaccinates might not get paid, and could receive a rebuke from the state medical board for violating consent or not providing reasonable and medically necessary treatment.

Clinicians faced with minors should ask for a family meeting and *"be ready with all of the evidence about the safety of vaccines"*, and point out any nearby outbreaks or risks for that particular child, Caplan said.

If that doesn't work, *"try to get a court order"*; that would allow the doctor to override the parents' decision, he said.

Both Caplan and Buck also said that clinicians could notify social services about the child's desire to be vaccinated, but both acknowledged that with no risk of imminent harm that might not likely get much attention.

*"I would just try to persuade the parents again and again and again that's what the kid wants, that's what the kid needs"*, Caplan said. ●

## China Investigates Expired Polio Vaccine

**By Eli Meixler**

**Source:** [time.com](http://time.com)—14 January 2019

Chinese authorities say they have opened an investigation into reports that over 100 children received an expired polio vaccine, the latest scandal over defective medication to roil the country's embattled pharmaceutical industry.

At least 145 children received the vaccines at a country health clinic in China's eastern Jiangsu province on 7 January 2019 despite an expiry date of 11 December 2018, according to Chinese state media. The children who were administered the vaccines were between three months and four years old, the South China Morning *Post* reported.

Enraged parents demonstrated outside the Jinhu government offices on Jan 11, blocking traffic and government buildings, according to The Global *Times*, a newspaper published by the Communist Party. Three people were arrested during the protest, according to police.

Parents said the administration of expired vaccines has been a longstanding problem in their county, even if it only boiled over into a flashpoint issue this month.

In a statement released on Jan 11, the local

government blamed the expired vaccines on *"disorderly management and staff misconduct"* and promised to launch a separate investigation. It said 17 people have already been disciplined over the incident.

The People's *Daily*, another state media outlet, called for a wider probe into possible medical misconduct. *"Vaccines are a matter of life and death. They cannot afford mistakes"*, the newspaper said.

The polio inoculations scandal is the latest blow to China's pharmaceuticals industry, which has been riddled by a series of safety scares and is frequently treated with suspicion by Chinese consumers. In 2008, six children died and 300,000 became ill after drinking tainted milk powder formula.

Last year, Chinese vaccine maker Changchun Changsheng Biotechnology was hit with \$1.3 billion in penalties and the loss of its manufacturing license after an investigation found that the company falsified inspection and production reports for some 113,000 rabies vaccines.

A separate drug regulator found that Changsheng had also distributed as many as 500,000 "substandard" DPT (diphtheria, pertussis, and tetanus) vaccines last year. More than 40 officials were forced to resign or faced other disciplinary measures. ●

## Polio Response In PNG Most Expensive

By Grace Auka Salmang

Source: [postcourier.com.pg](http://postcourier.com.pg) – 27 February 2019

The polio outbreak in Papua New Guinea is considered the most explosive in the last 20 years and is also the most expensive ongoing response operations in the world, according to World Health Organisation (WHO).

WHO Country Representative in PNG Dr Luo Dapeng made this known saying in 2018 the global spotlight was put on PNG when the government declared a polio outbreak after 18 years polio free.

He said this yesterday when speaking at the official launch of the third round of the polio national immunisation day for the ongoing polio outbreak emergency response in the country.

*"We have the biggest polio outbreak in terms of number of cases and affected provinces detected in such short time. By the end of 2018, we have confirmed 26 cases in nine provinces."*

He also said that last year, five rounds of polio campaign were conducted where more than 3.2 million children under the age of 15 were vaccinated. The government mobilised more than 12,000 polio workers all over the country.

WHO established 23 emergency operations centres in all provinces and mobilised more than 100 experts from all over the world. Surveillance officers were trained in all provinces in order to identify any polio case.

*"We hired cars, boats, helicopters and any transportation possible to reach children and protect them from polio. These actions made this response operation the most expensive in the world, many times more expensive than the cost of improving the coverage of our immunisation."*



## Level 2 Travel Alert: Polio Outbreak In Indonesia

By Don Ward Hackett

Source: [www.vaxbeforetravel.com](http://www.vaxbeforetravel.com)  
– 2 March 2019

March 2nd, 2019 – The Centers for Disease Control and Prevention (CDC) issued a Level 2 Travel Alert regarding a polio outbreak in Papua Province, Indonesia.

The CDC said on February 28, 2019, that this outbreak is caused by vaccine-derived poliovirus (VDPV), a sign of low oral polio vaccine coverage in Indonesia. The CDC is recommending that all travelers to Indonesia be fully [vaccinated against polio](#).

The CDC says adults who completed their routine polio vaccine series as children should receive a single, lifetime adult booster dose of the polio vaccine.

And, the CDC recommends that all infants and children in the USA be vaccinated against polio, as part of a routine, age-appropriate vaccination series.

Visitors to Indonesia for more than 4 weeks may need an additional booster if the most recent dose of polio vaccine (completion of routine series or adult booster) was administered more

than 12 months before the date of departure from Indonesia.

This Travel Alert is important since polio is a crippling and potentially deadly infectious disease.

Polio is caused by the poliovirus, which spreads from person to person, by drinking water or eating food that is contaminated with infected faeces. In certain cases, polio can invade an infected person's brain and spinal cord, causing paralysis.

The oral polio vaccine (made from a weakened strain of the poliovirus) is given as drops in the mouth to protect against polio.

This vaccine has been extremely effective in wiping out polio in developing countries when most of the population gets vaccinated. In areas where there are low rates of vaccination against polio and sanitation is poor, the weakened vaccine virus can spread from person to person.

Over time, as the virus spreads, it can regain its ability to cause disease in people who are not vaccinated.

**NOTE:** CDC is USA-based. For Australian notifications, check [www.smarttraveller.gov.au](http://www.smarttraveller.gov.au).

## Picture Of Polio Workers Goes Viral

**By Web Desk**

**Source:** [www.pakistantoday.com.pk](http://www.pakistantoday.com.pk)  
– 1 February 2019

A picture posted of female polio workers in Dadu, Sindh who were trying to play their part in eradicating polio despite the "horrible weather conditions" went viral on social media.

The picture went viral just days after Prime Minister Imran Khan had commended polio workers for performing duty in harsh conditions in the wake of a picture of a polio worker going viral wherein he could be seen battling knee-deep snow in Swat while on duty.

The picture shared by [Rotary Pakistan's](#) Twitter handle was captioned, "*Ladies Polio Workers in Dadu, Sindh doing their best to eradicate Polio despite horrible conditions. These heroes are setting a new example of dedication and selflessness. These heroes should be appreciated*".

Earlier, the PM had paid a tribute to polio workers who performed their duty of vaccinating children against the life-ruining disease even in harsh weather conditions.

The premier met with polio worker Irfanullah and others and appreciated their sacrifices.

Irfanullah's picture, in which he was seen battling knee-deep snow in Swat while on duty, had gone viral on social media a few days ago.

During the meeting, strategies to keep curb crippling disease were discussed.

Tweeting about the incident, UNICEF Pakistan had appreciated the perils that were bravely faced by polio workers.

The polio eradication campaign in Pakistan has faced many challenges, from the refusal of parents to administer the drops to attacks on polio teams by militants.

Polio, or poliomyelitis, is a crippling childhood disease caused by the poliovirus and preventable through immunisation. Affecting mostly children under the age of five, polio — which has no cure and can only be prevented by giving a child multiple vaccine doses — can lead to irreversible paralysis.

Countrywide polio eradication drive was launched on January 21. More than 39 million children under the age of five will receive two drops of the vaccine which will protect them against the polio virus. At least 260,000 polio workers and more than 31,000 teams are participating in the drive.

The number of cases in Pakistan declined from 306 in 2014 to 54 in 2015, 20 in 2016 and eight in 2017. In 2018, 12 cases were reported.

A country must have no cases for three consecutive years in order to be considered to have eradicated polio by the World Health Organisation. 🌍



## Polio This Week

**Source:** [Polio Global Eradication Initiative](#) — as of Wednesday 27 February 2019

### Polio Outbreak In Indonesia

Circulation of vaccine-derived poliovirus type 1 (cVDPV1) has been confirmed in Indonesia. The detection of cVDPV1 underscores the importance of maintaining high routine vaccination coverage everywhere to minimize the risk and consequences of any poliovirus circulation as well as the need to ensure quality surveillance for early detection of any polioviruses. A robust outbreak response is needed to rapidly stop circulation and ensure sufficient vaccination coverage in the affected areas to prevent similar outbreaks in the future.

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 2019		Year-to-date 2018		Total in 2018	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	6	0	3	4	33	105
—In Endemic Countries	6	0	3	0	33	34
—In Non-Endemic Countries	0	0	0	4	0	71

### Case breakdown by country

Countries	Year-to-date 2019		Year-to-date 2018		Total in 2018		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Afghanistan	2	0	3	0	21	0	12 Jan 2019	N/A
Democratic Republic Of The Congo	0	0	0	4	0	20	N/A	7 Oct 2018
Niger	0	0	0	0	0	10	N/A	5 Dec 2018
Nigeria	0	0	0	0	0	34	N/A	5 Dec 2018
Pakistan	4	0	0	0	12	0	20 Jan 2019	N/A
Papua New Guinea	0	0	0	0	0	26	N/A	18 Oct 2018
Somalia	0	0	0	0	0	13	N/A	7 Sep 2018

# Polio Australia

Representing polio survivors throughout Australia



## 2019 Polio Health and Wellness Retreat

Body / Mind / Spirit

New South Wales in October 17–20 2019

### *Expression of Interest*

Polio Australia will be facilitating its **LAST EVER** 4 day/3 night day Polio Health and Wellness Retreat for polio survivors and their partners from Thursday 17 to Sunday 20 October, 2019 at [St Joseph's Centre for Reflective Living](#) in Baulkham Hills, New South Wales. Polio Australia has held two Retreats at this venue, which is a lovely, peaceful environment, and very conducive to sharing and learning new information.

The holistic 'Body / Mind / Spirit' theme will continue and include sessions such as:

- Interactive group sessions and one-to-one consultation opportunities with a variety of allied health professionals
- Exercise options
- Latest orthotics, aids and equipment options
- Seated yoga and meditation sessions
- Activities to keep the Mind active
- Creative workshops
- Massage therapy

See details of previous Retreats at [www.polioaustralia.org.au/retreats/](http://www.polioaustralia.org.au/retreats/)

Your Expression of Interest either can be completed online [here](#) or below.

### **Polio Australia's Health and Wellness Retreat—New South Wales**

#### ***Expression of Interest only***

*(Registration fees for 3 nights accomm, all meals and most activities = \$350 pp double / \$400 single)*

**Please provide me with more information on the 2019 Polio Health & Wellness Retreat when available.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/s:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Return to:** Polio Health & Wellness Retreat, Polio Australia, PO Box 500, Kew East, VIC, 3102 or Email: [office@polioaustralia.org.au](mailto:office@polioaustralia.org.au)