



Volume 2, Issue 4



Polio Oz News

December 2012 – Summer Edition

Polio Plus . . .

by **Jill Mather**

www.jillmatherbooks.com.au



1952 was not a good year for polio sufferers. And as agreed, we are still here.

A horse lover from an early age one of my very lasting impressions was of being wheeled to an ambulance and my two beloved horses hanging their heads over the gate, watching, and wondering. I didn't know it then, but it would be more than three years before I would see them again and under very different circumstances.

Hospitalised for so long, it was a special treat to be taken home

by ambulance and sat in a make-shift chair-cum-bed, overlooking the paddocks. Then after an hour it was back to hospital for another long two years. Both legs affected and one was never to regain its use and the other only 50%. It could have been worse.

I was just 15 years old and my whole life stretched before me. What was I to do? In the 1950's there were no answers and not much help once one was discharged. After assistance from the Ambulance boys who took me under their wing and carted me around to various social outings, I gained work on the local Emergency Switch Board.

Eighteen months later, a career change to the Arbitration Court and much help from the Court Solicitor who encouraged me to study Law and arranged this with the University who was not at all anxious to have a disabled, part-time student when such things were unheard of. Fellow students felt I had certain privileges. I was also female. A double cross to bear. The local national newspaper published articles I wrote.

The horses had to be sold. It was such a wrench. So sad. So dreadfully final.

I slept with my bridle and

saddle close by. My boots, my riding bowler and other paraphernalia. One never knows. I did ride again but an unfortunate spill put pay to that.

By 1958, calliper, crutches and all, I married. I was pretty spry at getting around and really never considered how much my disability hampered me because it really didn't.

By 1960 I gave birth to a son. A delightful child who gave me much joy even though it changed my life and location when my husband was critically injured at football.

I have hated the violence of the game ever since. Faced with single parenthood I had little option, and money to do otherwise than move back with my parents. They lived in a small seaside town where my father was the Fisheries Patrol Officer. The local Council urgently needed an Acting Town Clerk. Because of my legal background, I was appointed and finally re-married. Pan American Airlines gave me a part time writing assignment and travel was on the agenda.

Another son later and a move to Australia from New Zealand made in 1970. My writing skills, honed in hospital by my English Teacher, stood me in good

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From the Outgoing President



Gillian Thomas
Vice-President

At Polio Australia's 4th Annual General Meeting on 6th December I stood down as President, having

served the maximum allowable two consecutive terms without a break. It has been an honour and a privilege to see my dream of a national voice for polio survivors come to fruition and then to serve for 4 years as Polio Australia's inaugural President. Polio Australia is growing into a strong and well-regarded organisation with a lot of goodwill behind it from our nation's polio survivors and their families. I leave the Presidency in the capable hands of our National Patron, Dr John Tierney, while I will still be around to help guide the organisation's development in my new role as Vice-President.

I am hoping that the reduced calls on my time will enable me to spend more time supporting Mary-ann, as well as working on further development of the Polio Australia website. Please be sure to visit our new [Hot News!](#) blog page to catch up with polio news as it happens.

In closing, the Management Committee, Mary-ann and our volunteers wish each and every reader a joyous festive season and a peaceful and healthy New Year. 🌟

From the Editor



Mary-ann Liethof
Editor

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It's been such a busy year, I don't quite know where to start! March gave us the House of Reps Round Table Inquiry into the LEOp, as well as an action packed visit from Canada's Ramesh Ferris; we had our 3rd Retreat in April in Queensland; in June, the Round Table Report was released; the next few months were building up to the "We're Still Here!" campaign at Parliament House, Canberra, in October; October was also the month GSK finished the "Late Effects of Polio: Introduction to Clinical Practice" Module which was launched at Parliament House; we had an unprecedented number of new registrations on the Australian Polio Register following an article which appeared in the nationally distributed "The Senior" newspaper; then another flurry of registrations resulted following a brief interview with Lyn Glover (Gold Coast Polio Network Convener) on "Australia All Over" radio in December. All in all, a very satisfying

and productive year! However, 2013 just happens to be the final year of The Balnaves Foundation grant which pays my salary, so we are busy seeking alternative ways to fund my position, considering we are yet to receive any government funding . . .

On a lighter note, this edition is focussed on people's stories, which seems appropriate at this time of year. After all, it's these stories that link people together and make us all part of the post-polio community. You will be interested to read about Kimbalee Apps (P 11) who is one of Australia's younger polio survivors, having contracted the virus in 1972. So, we really are still here for quite a few years to come!

Here's wishing all our readers the very best for the season. Looking forward to next year so I can do it all again! 🌟

Expectancy is the atmosphere for miracles.
~ Edwin Louis Cole

Polio Plus . . .

stead. I wrote for magazines and newspapers, and radio, obtaining work as a stringer for the ABC. What an amazing experience that was and for two years my cameraman and I trekked the countryside filming stories for 'Focus'. A special interest in drama led to an Arts Council Grant and a historical drama, attended by the then Governor of Qld, resulted. Drama and the Arts were strong in my early family life. Playwriting has always been a feature of mine with many public performances in my repertoire.

Circumstances led to a Tertiary education career and in 1981 I joined TAFE where I did both administration and teaching for some 23 years, after obtaining a B.Ed. and other add-ons. The ravages of time are upon me and at 75 years of age, I'm not

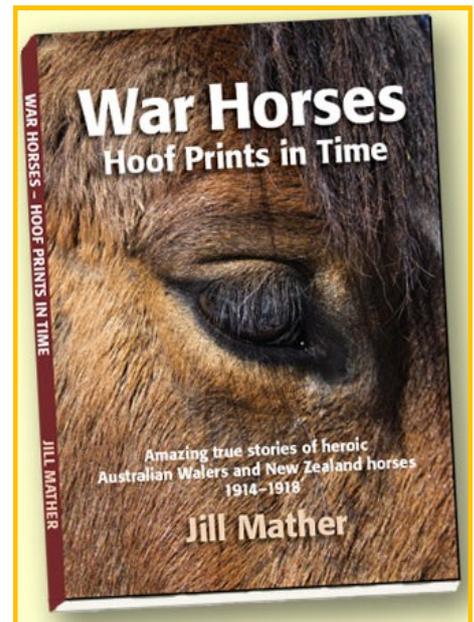
as lively as I was.

My love of horses never diminished and in 2003 a new door opened. A documentary film scripted on the demise of some Waler horse descendants enabled me to re-ignite this love. A wonderful adjunct to semi-retirement. Since publishing my book on the history of the famous Australian military horse, the Waler, "Forgotten Heroes" was followed by "The old Campaigners" and "War Horses" as well as a children's educational book "Twelve Terrible Tales".

I am currently working on another book about – what else – exceptional wartime animals. The people I have met and stories provided are so inspiring. I feel so honoured to record this often forgotten or overlooked part of Australian

history, shared with my two sons who support and encourage me . . .

"Oh Mum . . . not another book!" 🌟



Breathe Easy

Below are comments received following the article by Peter Willcocks entitled "Sleep At Last" in the September edition of Polio Oz News:

Received from Dr Ian Neering

"I was most interested to read the lead article by Peter Willcocks in the latest issue of Polio Oz News. I noted that he referred to an article he had been referred to in a previous news letter and wondered if it could have been one that I had written. It might be worthwhile putting a link in the article to this if you think it of any value."

To read Ian's article, "Sleep Apnoea Revisited", see Pages 9-11 of Network News Issue 64 (Polio NSW) [here](#).

Received from Judith Fischer, IVUN Information Specialist, Post-Polio Health International

". . . the lead article by Mr. Willcocks contains a sidebar on hypoventilation, citing the source as an article by me for the Rancho Post-Polio

Support Group. Not entirely correct—the article was reprinted by the Rancho group from IVUN's Ventilator-Assisted Living, Fall 2005, Vol. 9, No. 2."

Response from Peter Willcocks

"It wasn't Ian's article that I referred to, but it is all so apparent how similar our stories are, except that Ian got it right earlier than me, and from what I can gather Ian's article was first published in 2004. I will certainly be passing Ian's article on to others.

The article I referred to was on the Post-Polio Health International's website some years ago.

One of the references I am now referring people to is the Polio Today website <http://poliotoday.org/> and "The Breathing and Sleep Symposium" which was held on Saturday, October 29, 2011 at the Salk Institute for Biological Studies in La Jolla, CA 92037.

Also, "[Bi-level positive airway pressure ventilation maintains adequate ventilation in post-polio patients requiring home mechanical ventilation](#)"." 🌟

Polio Survivor Takes Struggle to Canberra

by **Alicia Bridges**

Source: [The Kimberley Echo](#)

22 November 2012

Kununurra polio survivor Bruce Livett has travelled to Canberra to campaign for better support for people still suffering from the effects of the disease.

One of almost 60 polio survivors who took part in Polio Australia's We're Still Here campaign last month, Mr Livett contracted the disease in 1948 when he was five years old.

As a child he was lucky to escape the devastating disease, which has the potential to cause death or paralysis, with damage to only his legs and his left arm.

"During the school days I was a little restricted in what I could do so when people were doing gymnasium there were some things I couldn't do," he said.

"I had restricted movement and the main problem was that my muscles in my lower legs were pretty weak."

As he reached the age of 60, Mr Livett started suffering health problems such as sleep apnoea, shortness of breath and, more recently, more muscle weakness.

These problems are recognised as symptoms of a condition known as late effects of polio, or LEOp. Mr Livett was sceptical when he first heard about LEOp.

"I really didn't think I had any problems related to the polio but in the last few years ... the problems have started to come," he said.

Mr Livett is now a strong supporter of the campaign to secure Federal Government funding for people suffering from LEOp. 🟡



Thanks Team!



L to R: Jutta Richter, Helen Ho, David Crump, Claire Borg, Chris Vearing and Gabrielle Formosa

Polio Australia is absolutely delighted with the volunteer efforts of GlaxoSmithKline's Medical Team in producing this long-awaited resource. The ["Late Effects of Polio: Introduction to Clinical Practice"](#) is designed to be an on-line resource for health professionals, and the first in a series of modules to manage the range of symptoms making up the late effects of polio—funding permitting! 🟡

Each GlaxoSmithKline employee is given the opportunity to volunteer for one day each year, referred to as the 'Orange Day' program. In 2012, members from the GSK vaccines department were made aware of Polio Australia's ambition to create modules detailing the Late Effects of Polio (LEOp). The vaccines team were keen to use their analytical and medical writing background to assist with the creation of the introduction module, a resource to provide health care professionals with an overview of the issues and medical considerations that people with the LEOp face. Each member of the team was tasked with the writing of a number of sections and two members of the team collated and finished the document with the help of reviewers from Polio Australia and other organisations. 🟡

*Claire Borg,
Lead Scientific Advisor, Vaccines*

Polio Australia's 4th AGM

The Polio Australia Management Committee came together in Sydney from around Australia on 5/6/7 December for our 4th Annual General Meeting and Strategic Planning Forum.

The meeting was held at [St Joseph's Centre for Reflective Living](#), Baulkham Hills - a wonderfully peaceful, accessible and, importantly, affordable venue which we enjoy each year at this time. For this year's AGM and Forum we were fortunate

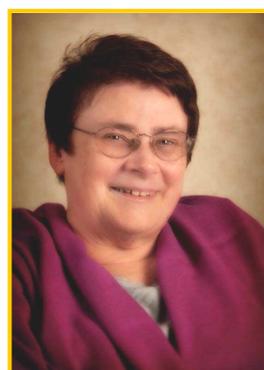
and grateful to secure funding support from the [Mary MacKillop Foundation](#).

Please [click here](#) to download a copy of our 2011/2012 Annual Report which was adopted at the AGM. (All of Polio Australia's Annual Reports are accessible from [this page](#).)

The following Executive Committee members (all polio survivors) were elected at the AGM: 🌟



Dr John Tierney OAM
President
National Patron, Polio Australia
State: New South Wales



Gillian Thomas
Vice President
President, Polio NSW
State: New South Wales



Michael Judson
Treasurer
Member, Polio Reference Group
State: Victoria



Brett Howard
Secretary
President, Polio SA
State: South Australia

Standing (L to R):
Michael Judson (Vic)
Jen Sykes (Vic)
John Tierney (NSW)
Jenny Jones (WA)
Billie Thow (Tas)
Mary-ann Liethof
(National Program
Manager)
Margaret Peel (Qld)
John Mayo (Qld)
Brett Howard (SA)
Tessa Jupp (WA)

Seated (L to R):
Gillian Thomas (NSW)
Jill Pickering (Post
Polio Victoria)



Coenzyme Q10 Clinical Trial

by Dr Margaret M Peel

18 December 2012

A clinical trial on 'Coenzyme Q 10 for alleviation of the fatigue of Post Polio Syndrome or Late Effects of Polio' is now underway at Queensland's Griffith University.

The research team consists of Dr Margaret Peel, who has Post Polio Syndrome and who experienced relief of her generalized fatigue by oral intake of coenzyme Q10 (CoQ10), Ms Helen McKay, who first proposed and designed the original research project, and Professors Marie Cooke and Wendy Moyle of the Research Centre for Clinical and Community Practice Innovation at Griffith University. The project is being funded by the British 'Cancer and Polio Research Fund'. The trial has been registered with the Australian New Zealand Clinical Trials Registry and has been approved by the Griffith University Human Research Ethics Committee (GU HREC).

Volunteer participants are

randomly assigned to one of two groups. One group is issued with a two-month supply of CoQ10 capsules and the other with capsules that contain no CoQ10 (placebo). Fatigue levels are assessed by questionnaires that are completed before the start of trial (baseline) and after the two-month period of taking the capsules. At the end of the two-month period, participants are asked to present to a pathology collection centre for blood sampling for the determination of CoQ10 blood levels. High levels in the group taking CoQ10 capsules will confirm compliance and validate findings. Participants are not asked to present at Griffith University at any time. If CoQ10 is found to relieve fatigue, then each participant in the placebo group will be issued with a free, two-month supply of CoQ10 capsules.

Recruitment in Queensland has resulted in 58 volunteers, which falls short of the minimum of 100 required by the study design. A major problem that limits recruitment is the need to exclude those with medical conditions (co-morbidities) that

potentially contribute significant fatigue, e.g. diabetes, anaemia, fibromyalgia and thyroid deficiency (hypothyroidism). Others to be excluded are those being treated with warfarin (because of interference with appropriate dosage by CoQ10) and those already taking CoQ10 on a regular basis.

It is important that volunteer participants experience a moderate to high level of generalized fatigue that they attribute primarily to Post Polio Syndrome or Late Effects of Polio.

Permission has now been granted by GU HREC to extend recruitment into New South Wales in the next phase of the research project to make up the shortfall in required numbers.

This clinical trial represents the first significant research project on polio survivors with Post Polio Syndrome/Late Effects of Polio (PPS/LEOP) to be undertaken in Australia. A positive outcome should lead to better management of one of the most debilitating symptoms of PPS/LEOP. ●

Polio: It's not over

The following excerpt is from an article which appears on Page 3 of the [Australian Patients Association](#) "The Patients' Voice" newsletter—Summer Edition 2012. It was written by John Mayo, General Manager - Community Development, Spinal Injuries Association, Queensland, and a member of Polio Australia's Committee of Management.

One of the great health mysteries in Australia is the lack of records about polio, a disease which affected

thousands across the nation following rolling epidemics from the 1930s through to the 1960s.

If someone asked the question, "How many people were affected?" we cannot give a number because we simply do not know - and we need to know. Why, you ask? Isn't polio eradicated? Yes, it is in Australia (though not in all countries) but eradication is not the issue: the discovery of the Late Effects of Polio (LEOP) is. For many thousands of Australians now

having to deal with LEOP, the lost health records are a curse because governments do not know the size of the problem and what resources to put behind it - and for similar reasons, it is not on the radar for GPs.

For me, who had polio as a child, the information came in 1994 from a Canadian specialist visiting Brisbane following a polio seminar which he had presented in New Zealand.

Read the full article [here](#). ●

Touched By Polio Art Exhibition

Polio Australia's "Touched by Polio" Art Exhibition project is now underway, with 24 artists on the mainland currently working on 14 legs and 22 torsos, and a visit to [John Semmens](#) in Tasmania confirming that he has 10 artists waiting for him to create pieces for them to work on.

This exhibition will provide the opportunity to tell the story of Australia's polio survivors, from childhood polio through to the senior years and their experience of polio's late effects.

The "Touched by Polio" exhibition comprises a display of individual artworks using plaster cast legs and torsos as the base. The artists' creative expressions will be many and varied and the mediums used will include textiles, paint, decoupage, and anything else they think of.

Most of the artists are polio survivors themselves, or related to polio survivors in some way. All will provide a story of how they have been "touched by polio" to be displayed next to their work.

These artworks are a symbolic means of transforming the pain of polio rehabilitation into a thing of beauty and value.

In addition to the artworks there will be a looped visual presentation of children wearing plaster casts and callipers.

There will also be a looped audio soundtrack of polio survivors talking about their experience of childhood polio and how they are now living with the late effects of polio.

It is believed that this piece of

history will not only be of interest to the post-polio community, but to school children and the public alike. It is a stark reminder of our pre-immunisation era.

The mainland artists are working to get their pieces completed and returned to Polio Australia by the end of January for a possible launch in March. Completed pieces will be photographed and uploaded to Polio Australia's website and featured on our new "[Hot News!](#)" page.

We are still searching for a suitable venue to launch the exhibition in Melbourne, and also seeking assistance to move it up the coast to Sydney. If you are able to assist in any way, please contact [Mary-ann](#).

Participating artists on the mainland are:

Pauline Baxter (Vic), Elizabeth Brand (NSW), Maureyn Brees (Vic), Angela Casabene (Vic), Wendy Davies (NSW), Marilyn Dixon (Vic), Glenys Donnelly (Vic), Bridgett Froehlich (Vic), [Margaret Greig](#) (NSW), Fran Henke (Vic), Joan Smith (Vic), Dianne Kennedy (Vic), [David Ladley](#) (Qld), [John Marsh](#) (NSW), Judith Maxwell (Vic), [Heather O'Flaherty](#) (Qld), [Ekaterina Panourgias](#) (Vic), [Trish Sidway](#) (Vic), Nola Stewart (Vic), Florence Stone (Vic), [Marguerite Tierney](#) (Vic), [Margaret Watson](#) (Vic), Ros Wilkins (Qld), and Marlene Wookey (Vic).

In Tasmania, Orthotist and Artist, John Semmens, has taken on the role of Project Manager for his state.



Prototype made by Angela Casabene

We are also pleased to have the interest of [St Giles](#), who are celebrating 75 years of working in the community during 2013. St Giles Society has a long history of working with polio survivors.

The timeframe for Tasmania's launch is for May 2013. It is envisaged that the first two weeks of the exhibition will take place in a new wing of Launceston Hospital, and the second two weeks at a new St Giles facility in Hobart.

Apart from John Semmens, other contributing artists in Tasmania will be:

Brian Abraham, Paul Byard, Ross Byers, Karl Huttenmeister (Vic), [Catriona Maclaine](#), Sarah McLean, Mish Mejers, James Newton, Tricky Walsh, and Petrea Zdun.

All the artworks will be for sale throughout the exhibition, with auctions planned at each of the launches. The proceeds will go towards supporting Polio Australia's programs. 🌟

Polio Register Promoted on "Australia All Over"

Known to Australia and indeed the world as "Macca", Ian McNamara joined the ABC over thirty years ago. Today Ian presents the National Sunday Breakfast program [Australia All Over](#).

As the presenter of Australia All Over, Macca has the opportunity to talk to people from many walks of life. With an affable, easy manner and an understanding of the issues faced by those living with a disability, Macca has been a wonderful ambassador for [Ability First Australia](#), of which Polio Australia is a member.

Macca did a wonderful job to officiate at the National Launch of [Walk with Me](#) in 2011, and continues to champion for Ability First Australia whenever possible.

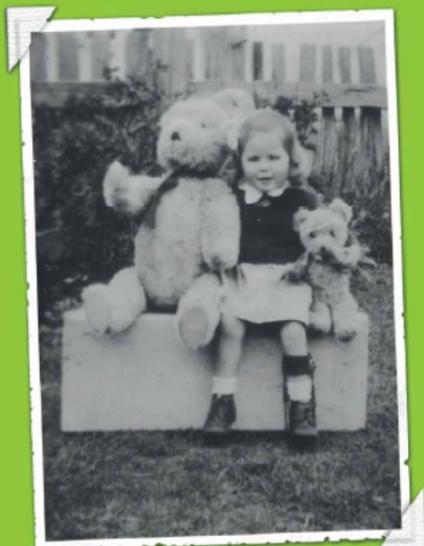


This graph shows increased interest in Polio Australia's website following the broadcast and resulted in a flurry of new registrations.

On Sunday 10 December 2012, Lyn Glover (Convener of the Gold Coast Post-Polio Support Network and one of Polio Australia's social media champions) spoke to Macca about Polio Australia's "We're Still Here!" Campaign and the

need for all polio survivors now living in Australia (whether they contracted polio in this country or not) to sign up to the [Australian Polio Register](#). You can listen to Lyn's interview [here](#) by courtesy of the ABC. 🎧

The Calliper Kids



The Calliper Kids

Eleven Life Journeys of Polio Survivors

Knox-Yarra Ranges Polio Support Group

The Calliper Kids is a self-published book of eleven life journeys of polio survivors produced by the Knox-Yarra Ranges (Victoria) Polio Support Group in 2009.

In the Foreword, Joan Smith, Project co-ordinator, writes "As a polio survivor and convener of the Knox-Yarra Ranges Polio Support Group, I invite you to join our storytellers in celebrating the defeat of childhood polio through tenacity and determination. Many achieved careers, raised families and took on leadership roles – ordinary people who achieved some extraordinary tasks, just by living everyday lives. However, as midlife arrives, we have to face the challenges of polio again and, as our stories reveal, make significant changes."

The group printed a number of books, which have all been sold. Joan is now inviting everyone to read these stories online or download them from Polio Australia's website [here](#). 🎧



Remembering Miss Valda Lamond

by Anne Flack

Earlier this year I received the copy of a book called *The Calliper Kids*, published by the Knox-Yarra Ranges Polio Support Group. My cousin, who is a nurse at one of the doctor's surgeries in the area had read the book, and recognised the name of the physiotherapist referred to in one of the stories - a Miss Lamond - as probably being her Aunt! She forwarded the book to me in Sydney, and with some excitement we both agreed that the person referred to in "Helen's Story", was indeed my Mother, Valda Lamond, who worked as a physiotherapist in Melbourne in the late 1940s. I am amazed and impressed that Helen actually remembered her physio's name as Miss Lamond! Helen would have been quite young at the time.

My Mother, Valda Morcom, nee Lamond, died in 1979, well over 30 years ago, so it is exciting to read a reference to her after all this time. She graduated as a physiotherapist at the end of WW2, just at the outbreak of another polio epidemic in Australia. I do remember being told a little of her early working life, and remember she talked mostly about working at that time with those who had contracted polio. When she first graduated I think she worked at Frankston and at Mt Eliza. Her stories included working with the children, lots of plastering of limbs, and splints, and then of mobilisation and massage. I know she had some patients in an iron lung. The details are vague in my mind, as this was all before I was born, and I wish I knew more of her working life then. She was married in 1949, and I am the

eldest of three daughters, born in 1952. So her working life in Melbourne would have been between 1949 and 1952.

I also became a physiotherapist, so my Mother shared some stories of her early working life with me because of our shared profession; but, interestingly, I didn't study a lot about polio. Graduating in the mid-1970s, not a lot of information was passed on, nor have I ever worked with polio. So at the time when she could have passed on more information about her work with polio, I didn't ask the questions; I was busy being a new generation physio! I am often asked if I became a physio because of my mother. I don't honestly know, as for much of my school life my mother didn't work, as was the norm for young women with families in the 1950s and 1960s. However, I can say I was interested in a medical career, and I did grow up knowing a lot about physiotherapy. And I suppose, as it was true for my mother in the 1940s, and also true for me in the 1960s, it was a good profession, especially for a woman, with a variety of employment opportunities. I'm sure knowing something about being a physiotherapist was a major influence, and watching my mother return to work in the 10 years or so before she died, successfully working part-time, perhaps swayed my decision to choose physiotherapy over other possible allied health professions.

In reading *The Calliper Kids* I also recognised another name, Matron Ditchburn from Lady Duggan Red Cross Home in Malvern. Lois Ditchburn was a very good friend of my Mother's



during our childhood in Melbourne, and Auntie Lois (as we knew her) was my younger sister's godmother. And again, I wish I could remember more of her stories; as, for example, I remember being told of her career in the army in WW2, and with other nurses, she survived imprisonment in a Japanese prisoner-of-war camp. My Mother first met Lois at Mt Eliza at the beginning of the polio outbreak, but I'm not sure if my Mother also worked with her at Lady Duggan.

I do wonder if anyone else might remember being treated by Valda Lamond, or remember Matron Ditchburn. I really enjoyed reading *The Calliper Kids*, understanding a bit more about polio myself and particularly reading the personal stories that have been shared; and wish my Mother had been alive to read it. I think that having been so involved in those early days in the treatment of polio, she would have appreciated the importance and recognition of the Late Effects of Polio and Post Polio Syndrome and its subsequent management.

It is quite exciting to explore a bit of my Mother's history after all this time, and I would really like to hear from any readers who knew her and can share their stories about 'Miss Valda Lamond'. I can be contacted by email [here](#). 🌟

GiveEasy



Polio Australia recently registered as a 'donee' with GiveEasy.

GiveEasy has created a free mobile application, which is now being used by the public and is downloadable through the apple store, which they believe is the

future of giving and in fact a mobile, giving and social revolution.

GiveEasy facilitates donations for charities allowing donors to give any time, anywhere in a simpler, smart and more social way.

You can download the GiveEasy app on your iPad or iPhone via <http://tinyurl.com/c2au595> or view the webpage at www.giveeasy.org

Polio Australia's profile reads:

Did you know that polio survivors make up the largest single physical disability group in Australia? Yes, We're Still Here! A donation to Polio Australia will result in vital and life changing intervention programs for the polio community, ensuring that people can continue their contributions to society, maintain quality of life, and stay out of the acute care health system. We receive no government funding so rely totally on philanthropy. ●

Laura Benini is an Australian owned business and all shoes are made to order in Australia, using only quality leather. They have over 150 different leathers in a variety of colours and textures which have been sourced from around the world. Combine this with a variety of styles to choose from and you have endless opportunities to express your hidden designer.

Laura Benini specialise in sizes 5 through to 11 (selected styles are available up to size 12), including 1/2 sizes. Their prices range from \$100 through to \$300 depending on the season and style.

They are able to produce different sizes without limitations and over the years they have produced hundreds of pairs of shoes for people with different sized feet. The "Laura Benini" brand is mainly sold via direct selling, but for anyone in Sydney, they are welcome to go into the factory.

Visit www.laurabenini.com for more information. The site has pictures of the styles and a list of contacts for the consultants in various states. Contact the consultant to secure a private presentation of the current season's range. ●



The Story of Our Beautiful Daughter

by **Kimablee Elizabeth Apps**
(*nee Keyvar*)



Kimablee was born on 27th January 1971 at Royal North Shore Hospital (RNSH), St Leonards, Sydney NSW around lunch time on a Wednesday. Kimablee is the second daughter of Garry and Robyn Keyvar. She weighed in at 6lbs and was a normal baby. Kimablee did all the normal things for her age like crawling and walking.

As per the Baby Health Centre guidelines she was immunised against measles, whopping cough, etc, these were all done by injections. The immunisation for polio was given via oral dosage at Willoughby Council Chambers at 13-14 months of age. Kimablee vomited up the first dose and was given another dose by the clinic nurse

who felt the first dose was unsuccessful. This vaccination would have been done midweek. I can't say for sure if it was the following weekend but these are the events that commenced on a Saturday morning . . .

It started as a normal day, and I was going to see my parents. I was bathing the girls when I realised that my eldest daughter had broken out in spots, and Kimablee could not stand up - her legs would not support her. I rang the local doctor at Northbridge and he said bring them both up straight away and leave the oldest girl in the car. He came out of the surgery and diagnosed my eldest daughter with German measles, then asked me to bring Kimablee inside his surgery.

He did the normal reflex tests and tried to coax her into walking. He then said to take her home and he would arrange for another doctor to visit her at home that afternoon. Both he and the other doctor arrived later that day and tried to encourage Kimablee to walk or crawl, to no avail. Later that evening they admitted Kimablee into RHSN. Under a paediatrician, the emergency doctors examined her and decided to perform a lumbar puncture. They had also called the head paediatrician who came into the room and took over the management of Kimablee, with some very harsh words to the other doctors. He examined Kimablee and told me to take her home and return to his rooms on Monday.

On the Sunday, I nursed Kimablee most of the day or took her for walks in her stroller due to the fact that she could

not walk herself. Sunday night was the most terrifying night, as Kimablee's head was dipping further back, which I now know was to help her breathe easier. We went to RNSH very early on Monday morning as I was worried and she was finding it hard to breathe at this stage. I had no idea what the problem was. The doctors kept mentioning a virus!

The paediatrician came immediately and ordered more tests. Other doctors also examined Kimablee and said that she could have polio. Because of this, they had her transferred to Prince Henry Hospital that afternoon - the hospital for infectious diseases. They also asked me not to speak with anyone regarding Kimablee.

We were admitted at Prince Henry Hospital and, again, many tests were done on Kimablee. The decision was made at 11:00 pm to transfer her to Prince of Wales Hospital in Randwick. The doctor told me that they could not get an ambulance and asked us to drive her in our car with a doctor present. So at about 1:00 am we arrived at the Prince of Wales Hospital, with Kimablee on a ventilator where she saw Dr Darcy O'Gorman Hughes, as well as many other neurosurgeons and doctors.

More tests were done, and they also tried to capture her urine flow. I remember Kimablee lying in a cot, naked, with a hole in the bottom of the mattress to catch her urine flow. At this stage, Kimablee had a tube going through her nose, was completely paralysed, and her eyes had gone crossed.

The Story of Our Beautiful Daughter (Cont'd)

Dr O’Gorman Hughes diagnosed Kimbalee with [Guillain-Barre Syndrome](#). We did not know what the outcome would be.

Kimbalee spent a total of 18-20 weeks in Prince of Wales Hospital. She was a long time in intensive care with a personal doctor and nurse at her bed most times.

One of the female doctors came to me and asked “*which brother did you marry?*” and I said Garry. She said her name was Dr Hanna Rowan and she grew up in the same street as my husband and his brother. She told me “*I will make sure Kimbalee is going to be alright*”. Hanna became our doctor in intensive care for the whole period we were there. During this time Kimbalee developed German measles and we went into an isolation room in intensive care. Kimbalee continued to have many neurological tests done on her.

I can’t remember if it was a change in her eyes but one day I noticed her fingers move. I was told that the paralysis was moving down her body. She was fitted with very strong glasses to counteract the cross eyed condition. At this stage, Kimbalee had droopy hands and could not hold anything. The paralysis took a long time to travel down her lower limbs. The best thing was seeing her smile - she did it a lot with her eyes but not her mouth - and when she did, it was beautiful.

Kimbalee became very strong in the upper body and was having physiotherapy daily to improve her muscle strength. The physio actually laid her on a skate board setup and that is how she got around, pushing herself with her arms. This only

lasted for a week, as the physiotherapist had contracted hepatitis. With that, Kimbalee had to be immunised and put back into isolation again.

After we came out of isolation the second time, I was allowed to take her for long walks around the grounds of the hospital in a stroller and we saw some great sights in and around the hospital grounds. All this time Kimbalee was being fed through a tube so she maintained her normal body weight. The physiotherapist continued after we came out of isolation and she was fitted with full length callipers to assist her to walk.

I think we left hospital when Kimbalee was about 20-22 months old, with glasses and callipers. We did a lot of physiotherapy and continually visited the hospital for another two years.

Kimbalee was fitted with half leg callipers and then graduated to specially made boots with high sides. Over the next few years we were always with the physio or the boot makers. Once she was completely out of the callipers, Kimbalee was fitted every three months with specially-made ankle high boots. We had them made in all different colours - red, blue and green. I dressed her in very vibrant colours that always matched her boots.

When she was home I also put her to bed each night with plaster cast supports to hold her feet in an upright position. The callipers or boots were worn throughout the day.

When Kimbalee was about four years of age, the doctors said that I should put her into

kindergarten as she was very dependent on me and she would be starting school in the following year. Kimbalee was very unsettled at first but gradually settled in. I was also told that she was under no circumstances to be given any injections, such as tetanus. The doctor told me that any injection could commence the paralysis all over again. Kimbalee went to school with phone numbers of many family members who could be rung in case anything happened to her.

Kimbalee had a happy childhood life in primary school. I did not restrict her in any areas, as long as she felt comfortable with what she undertook in the way of school sports.

It was in her teenage years that she started to develop dislocating kneecaps and underwent repeated operations to tighten the ligaments to keep her knees in place.

I am not sure if this was caused by the paralysis but the doctors were certainly very interested when I spoke about Guillain-Barre and commented that she was a very lucky girl.

LOVE YOU BIG TIME—YOUR MUM !!!

Thanks mum, now a bit from me about my older years.

I was in my late 20’s when I noticed I was experiencing a lot more pain, especially in the shoulders and hips. I had always had knee pain due to my many operations. I originally put the shoulder pain down to cradling my newborn son. Over the next few years and after my second son, I was really struggling with pain and

The Story of Our Beautiful Daughter (Cont'd)



relying on painkillers daily.

With the struggles of two boys under two, working (part time), and the pain, I eventually took myself off to the doctor. She did some tests and suggested I see a Rheumatologist who suggested losing weight, exercise and steroid injections (so he was no help, really). My blood test showed that my creatine kinase levels were

extremely high which could suggest a motor neurone problem. I was always very mindful about polio and read a lot of articles about the disease. I Googled polio and found Polio Australia, who suggested I contact Post-Polio NSW. I then rang and asked if they knew of any good neurologists who specialised in GB or polio. They kindly suggested a Professor at Concord Hospital. My whole family came along to my many visits and again a barrage of tests were ordered including blood, MRI and nerve conduction studies.

The Professor was fascinated with my case and noticed I had bad lower limb spasticity among other things. He contacted a neurologist from Prince of Wales who actually treated me in 1972 and arranged for us to meet and go over my records. Both doctors agreed that I actually had polio and not Guillain-Barre Syndrome. I have had several nerve conduction studies where they stick a long metal needle deep into your muscle without any local anaesthetic and these

have concluded that most of my motor neurons died with the polio. Apparently, my muscles and joints are that of a woman in her 70's (and I'm only in my early 40's). I work in radiology and have had several tests done which confirmed my muscles and joints are that of an older lady. My GP finally agreed to me having Post Polio Syndrome when I showed her all the symptoms and how I ticked so many boxes. We both had a major 'light bulb moment'.

So in 2012, I'm now 41 years old. I suffer from general fatigue including muscle fatigue and chronic joint and muscular pain. I get 'the shakes' a lot, snore badly (my poor hubby) and generally can't do half of what I used to do. I have my "woe be me" days but consider myself lucky in so many other ways. I have a very supportive, loving and caring family including my husband, two boys and wonderful parents. I may be old and withered on the inside but I'm as fresh as a daisy on the outside (most days). 🌟

Sister Kenny Testimonials

Mrs Lorna Rickert, Secretary/Treasurer at the Sister Kenny House in Nobby, Queensland, has compiled a new 80 page book based on comments written in the visitors book over the years.

To find out more, contact:

Mrs Lorna Rickert
Secretary/Treasurer
Sister Kenny House
376 Rickert Road
Nobby Qld 4360
Phone: (07) 4696 3181

The cost is approximately \$20.00 (including postage). 🌟



Sister Kenny: 60 Years On

by Heather Hubert

I have recently read three books about Sister Kenny. Some of the information I already knew and the rest came from what I read, although they are not direct quotes.

Two books have been written about Sister Elizabeth and the controversy surrounding her: "*Sister Kenny*" by Victor Cohn and "*Sister Elizabeth Kenny*" by Wade Alexander.

Sister Kenny also wrote her own auto biography in the book "*And They Shall Walk*". The book by Wade Alexander is available at the Memorial Centre in Nobby or from Lorna Rickert, Ph: 07 4696 3181.

The 30th November marked 60 years since the death of Sister Elizabeth Kenny. Sister Kenny was born in Warialda NSW, in 1880. As her family moved to the Nobby district while Elizabeth was still young, her school years were spent in Queensland. It is in Nobby that a Memorial Centre was built to celebrate her life. This centre holds a display of many aspects of Sister Kenny's work, together with stories from several of her patients and letters of gratitude.

Sister Kenny joined the Army during the First World War and helped to care for many wounded soldiers as they were returned to Australia on the "*Dark Ships*".

It was early in the 20th century, Sister Kenny developed a treatment which relieved the symptoms of the then dreaded disease of Polio (then known as Infantile Paralysis). Because her treatment was so different to the accepted treatment of the



time, she found herself in continual conflict with many in the medical profession. However, in spite of this, she was able to open clinics in Queensland, New South Wales and Victoria, thus helping many young people. She also travelled to England and Europe in order to bring relief to children in these countries who had contacted this dreaded disease.

In 1940 she travelled to the USA where she hoped she would find support for her system of treatment. Although she again found herself to be in conflict with medical practitioners, she gained the support of Orthopaedic surgeons in Minneapolis, where she eventually opened a teaching facility. Sister Kenny's work in the United States was supported by the influential National Foundation for Infantile Paralysis and throughout the 1940s she was one of the most respected women in America, second only to Mrs Eleanor Roosevelt.

The main source of her conflict was due to the fact that the

accepted method of treating Polio was to immobilise the affected limbs in an effort to protect them from damage. However Sister Kenny adamantly proclaimed that the muscles needed to be re-educated and kept moving as much as possible, so it was with a series of heat treatments and gentle exercises that she was able not only to relieve the pain, but gradually encourage the muscles to perform their normal function.

One of the lasting consequences of her work with Polio victims was to raise the awareness of the needs of people with disabilities, who at that time experienced considerable neglect.

The photo (above) was in the Courier Mail in Brisbane on 17th March 1940 not long before Sister Kenny went to the USA. As you can see there are several patients including myself and some of Sister Kenny's 'technicians', as she called them. I am the little one down the front in the centre. ●

The Story of Ros

The following is an excerpt from "The Story of Ros", one of our 'new' polio survivors on the Gold Coast. Read the full story [here](#).

Once upon a time there was a happy-go-lucky little girl who lived in Clifton, a small country town on the Darling Downs in Queensland, and she got polio; acute anterior poliomyelitis they later said. Christmas had gone and it was now late January, 1955 and she was 7 ½ years old.

It was hot and dusty. Flies hovered over the dung on the ground where a few animals were tethered further up the street, but there was excitement because the circus had come to town. That excitement didn't last long for her family though, as she quickly became very ill and was rushed to the Toowoomba Base Hospital about an hour to the north.

Two significant things occurred that final January day. The first concerned horror crashes on the Toowoomba Range with heavy loss of life and injuries. In fact, six adults and children died and seventeen others were injured that day. There were long delays as many of the damaged and dying were rushed to the same hospital as this very sick child, destined for the isolation wing.

Credit here to the Local History and Robinson Collections, Toowoomba City Library, for promptly locating newspaper articles; (i) Reporting the tragedy, thus confirming January 31, 1955 as the date the child was hospitalised. This information will also assist in the retrieval of hospital

records, if they still exist. (ii) A further Toowoomba Chronicle article of February 22, 1955 reporting that Toowoomba Hospital authorities acknowledged 8 polio cases for February with a total of 16 notified during the summer period. The child was one of the 16.

Secondly, on its way to Toowoomba, the ambulance passed through the tiny town of Nobby, synonymous with Sister Kenny, but the child was asleep and too young to realise that detail had any significance to her until many years later. In fact, it's logistically possible that, as the ambulance sped on its way through Nobby, it probably passed close to Sister Kenny's final resting place as she died 26 months, to the day, beforehand. In 1911, Sister Kenny opened St Candice's Cottage Hospital in Clifton where she successfully treated a number of polio victims. In 1955, the year the child fell ill, her final book, *'My Battle and Victory: History of the Discovery of Poliomyelitis as a Systemic Disease'* was published posthumously in London, UK.

Coincidences, definitely, but these coincidences make me feel a wee bit warm and fuzzy and with health issues predominating much of my life, there has not been a lot of that stuff about the place for a long time so I'll take what I can get.

The child's father was a very experienced and informed ambulance superintendent so diagnosis would have been swift. She cried and cried when the doctor told her parents that she had to go without delay to a hospital so far from her

family. Distressed, she screamed that her mother also had to go to hospital and stay with her. To comfort the child, her wonderful mother did, indeed, carry one additional port (suitcase), no doubt empty but effective.

There was never a memory of being admitted only of waking up alone, no mother, no port, just herself in a bed pushed into the corner of a dingy room. There was a large, dark box shape on four legs standing just off to the left which was scary. They came and asked her to get out of bed and walk for them; a strange request she thought but, when she tried to walk, she couldn't feel her legs as they gave out from under her and she collapsed.

Her next memory was of being in a different bed, in a different room with a couple of other patients but only one was in her line of vision. An older, sad-eyed girl who, when their eyes connected, never spoke to the child. In fact the child thought she must be angry at her. Undressed, the older girl was very pale and thin. When the child did risk a look, her eyes could not help but focus on the poor girl's sunken tummy with two pale hip bones, like fins rising up above her body and sort of curving in a bit at the top. Poor girl.

The child's new bed was beside a window that had a type of cage covered with chicken-wire effectively stopping outsiders from getting too close. Might have had her loving dad in mind? I understand they reprimanded him some weeks later because, encouraged by her progress, he had asked if

The Story of Ros (Cont'd)



she could try to stand for him to show how well she had improved. And I think she did show him. Mind you, this was the man who years later saved her paralysed old dog, by using his skills over months to get him walking again. The vet had wanted to put him down when he saw him after he had been hit by a car and left to die beside the roadway. Some people, like my late father, are skilled, natural healers.

There are memories of hot, wet grey blankets being wrapped around her body and of people moving her limbs. There was a

lot of this. It was almost like Christmas in another sense with presents in her line of vision waiting for her to be able to play with them. Great encouragement to get better for children! There were colouring books and crayons, picture books to be read and there was this rather pretty pink toothbrush with 'things' on it. All these new treasures could not be taken when she left isolation.

As you've no doubt guessed, I was the child and this was my story, written in the third person because, up until five

weeks ago, it belonged in the past, seemingly having little relevance to today. I'd even thought that the course of three vaccinations (April 1957 to June 1958) were the reason why I had never progressed to Post Polio or Late Effects of Polio (LEoP). In fact, I've always had a strong belief in my own ability to heal and I'm positive that belief has its origins in my recovery that year. That belief has also not been a bad thing when enduring later health episodes but now it's being tested.

NOW BACK TO FIVE WEEKS AGO

I don't sleep well at night. In fact, I haven't slept well for many, many years due to pain anywhere between my head and my heels, generally over much of the 5 foot 3 ½ inches of me. Used to be 5 foot 4 ½ inches but I lost a little bit along the way ... as some of us do. Now, up until about five weeks ago, I accepted this pain was due to any or all of the health issues which I have mentioned towards the end of this story. I don't want to bore anyone too early in the piece but, as they are relevant, I feel they should be included somewhere.

Years ago I learnt that it was harder to get to sleep at night by quietening my thoughts and trying to relax. My stimulated brain and constant and varied thoughts through the day helped me keep the edge off my pain. I knew it was there, it still hurt, but, in effect, by keeping my thoughts moving I could keep it controllable. Without that brain clutter, the savage strength of the pain would rush in to fill every core of my being. It got to be that I

The Story of Ros (Cont'd)

was scared to go to bed at night and I was already sleep deprived because of a life-altering overuse injury that occurred late 1999.

Anyway, for some time now, I've kept a small radio beside my bed and listened to a talk-back show through the night. I've found a whole new world out there; a world full of people like myself who don't sleep so well. The volume is kept low enough so it doesn't intrude but high enough so my 'good' ear hears most of what's being said. Eyes shut, just listening until that blessed moment where my conscious mind is no longer aware and I've drifted off. Sometimes it takes a while. Sometimes, I come awake and it's incredible that I woke up in the middle of the night about five weeks ago to a particular conversation.

The announcer was talking to a woman about polio. I recall she mentioned it was Polio Awareness Month which I no longer thought had any direct relevance to me but the caller was articulate, inspiring, she had a message and that message got my attention.

You could have knocked me over with a feather, as they say. I was hearing possible answers to questions that my GP and I had been chasing for some time. That was good but it was also bad and I had a few down moments over the next few weeks until I took this on board. In fact, if I'm honest, I'm sure I will have more of these moments, I believe the key is in educating myself via the resources that are now available to me and contact with like-afflicted people, though I am humbled when I

hear what others have had to deal with, many for most of their lives.

Anyway, I didn't hear the caller's name but, in the morning, I tried to track her down. I was born on the Darling Downs, she said she lived on the Downs so I Googled 'Post-Polio, Darling Downs'. There was a group photo, an editorial and a name and phone number at the end. I rang that number and Deborah Khan of Toowoomba answered. Deborah said she was the person I heard on the radio. We spoke for ages and have had a number of conversations since.

She encouraged me there and then to contact Spinal Injuries Association (SIA) in Brisbane, to include my name on Polio Australia's register and also to liaise with Lyn Glover, facilitator of The Gold Coast Post Polio Network, fortunately less than a thirty minute drive from my home.

I made the calls, a couple of days later I was going through the kit promptly provided by SIA and soon after that I was meeting members of my new Post Polio Network. In fact, at the time of writing, I have attended two local meetings very capably run by Lyn. It's a new world for me again and I'm keen to learn as much as I can while contributing, where I capably can.

AND SO, IN CONCLUSION

Collectively, the above health issues have taken my focus for a long time so I was a wee bit shattered when I finally understood the import of the message I was hearing five weeks ago. Suffice to say, so

much of my story is written on most pages of Polio Australia's recent paper, *The Late Effects of Polio: Introduction to Clinical Practice*. Importantly, I've come across this now rather than further down the track. That's a positive.

With sufficient lead time for this article, I have been able to pace myself, writing a bit each day, generally starting about four o'clock each morning. I have a lot of trouble with my shoulders and neck and, as typing is a manual repetitive activity which I rarely do nowadays, it's been necessary for me to manage this exercise, bit by bit, piece at a time. In fact, I only have access to emails and the internet via my small Android phone. The computer is my son's old uni laptop.

Importantly, if I hadn't agreed to Mary-ann's request for my story, I would have remained unhappily in ignorance believing that my once hard-working brain could no longer string a few intelligent sentences together. I had high standards of myself when working and there've been times these past couple of years when I'd tell my friends that I was finding it hard to think up a few good adjectives. So, I hope you enjoy or otherwise benefit from this story as much as I feel I will benefit from writing it, because thoughts have been flowing thick and fast. It's been stimulating. A bit of proof reading will, hopefully, pick up the odd word I've inadvertently used but this has been so very good for me.

Thank you Mary-ann. 🌟

Deadly Immunisation Brawl Reignites

by Sue Dunlevy

Source: [News Limited Network](#)
25 November 2012

AUSTRALIA'S most distinguished scientists claim the anti-immunisation lobby is endangering children's lives as the number of parents refusing to vaccinate their children rises sixfold.

Amid increasing concern over the issue, and with statistics showing one in 12 Australian babies are not fully immunised, twelve top researchers will this week go into battle against those who warn of perceived health dangers from vaccinations.

Professor Ian Frazer, who invented the cervical cancer vaccine, says he fears immunisation levels for some diseases are falling below those required to prevent deadly outbreaks.

And eminent biologist Sir Gustav Nossal has accused the anti-vaccination lobby of preventing the eradication of measles through its false claim that the vaccine against the disease caused autism.

A 20-page booklet to be launched on Monday explains that many more children will die from diseases like measles, mumps, and diphtheria than will be harmed by the side effects of immunisation.

The booklet, launched by the Academy of Science, will also explain why its better to gain immunity from a vaccination than from the disease.

Professor Frazer, who helped develop the document, warned of a dangerous drop-off in immunisation levels for

diseases like whooping cough. While 92 per cent of 12-15 month old babies have been immunised against whooping cough, Professor Frazer said this disease spreads more easily when the rate falls below 95 per cent.

Health department figures show there were over 7,100 cases of whooping cough recorded around Australia in the first three months of 2012.

Nossal said the anti-vaccination lobby is only able to campaign against immunisation because of the very success of vaccination in reducing the outbreak of infectious diseases.

Professor Frazer says it is because parents no longer see cases of measles or mumps that they don't understand measles can kill a child and cause brain damage or that mumps can make a male sterile and that chicken pox can be fatal.

"As infectious diseases become less common people are less aware of the need to vaccinate their children," Professor Frazer said.

And he notes it is a *"brave decision"* by parents not to immunise their child when the child can't make that decision themselves.

Children must be fully immunised for their families to claim the \$726 Family Tax Benefit supplement.

However, one in twelve children have not been immunised and the number of parents registering a conscientious objection to immunisation has leapt sixfold from 0.23 per cent in 1999 to 1.44 per cent.

By 2012 over 30,000 children



had a conscientious objection recorded.

The 20 page booklet explains to parents who may be worried about vaccine side effects that only three in every 10,000 children who receive the measles, mumps, rubella vaccine develop a fever high enough to cause seizures but 100 in 10,000 develop such a fever if they catch the disease.

One in four patients chronically infected with hepatitis B will die from cirrhosis of the liver or from liver cancer, this risk is reduced to almost zero after the hepatitis B vaccine.

The booklet tackles head on claims by the anti-immunisation lobby that immunisation is linked to autism and says medical studies shows that the incidence of autism in people who had the measles, mumps, rubella vaccine is identical to that of people who did not have it.

The booklet is produced by the Australian Academy of Science and parents can access the document at www.science.org.au/immunisation.html.

Pakistan – 8 Polio Workers Killed in 2 Days

Source: news.com.au

20 December 2012

GUNMEN have shot dead a woman working on UN-backed polio vaccination efforts and her driver in northwestern Pakistan, officials say, raising to eight the number of people killed in the last 48 hours who were part of the immunisation drive.

The attack on the woman was one of five that took place on polio workers in northwestern Pakistan on Wednesday. One male polio worker was critically wounded, while the others managed to escape unharmed.

The recent killings prompted the UN's public health arm to suspend work on the vaccination drive in two of Pakistan's four provinces on Wednesday, a major setback for a campaign that international health officials consider vital to contain the crippling disease but which Taliban insurgents say is a cover for espionage.

No group has claimed responsibility for the attacks. Suspicion has fallen on the Pakistani Taliban because of their virulent opposition to the polio campaign, but the group's spokesman, Ahsanullah Ahsan, denied responsibility in a telephone call to The Associated Press.

Pakistan is one of only three countries where polio is endemic. Prevention efforts have managed to reduce the number of cases in Pakistan by around 70 per cent this year compared to 2011. But the recent violence threatens to reverse that progress.

Militants accuse health workers of acting as spies for the US and claim the vaccine makes children sterile. Taliban commanders in the troubled northwest tribal region have also said vaccinations can't go forward until the US stops drone strikes in the country.

Insurgent opposition to the campaign grew last year after it was revealed that a Pakistani doctor ran a fake vaccination program to help the CIA track down al-Qaeda chief Osama bin Laden, who was hiding in the town of Abbottabad in the country's northwest.

The number of attacks this week on polio workers is unprecedented. They came as the government started a three-day vaccination drive on Monday targeting high risk areas of the country, part of an effort to immunise millions of children under the age of five.

The deadliest of Wednesday's attacks occurred in the northwestern town of Charsadda, where the female polio worker and her driver were gunned down, said senior government official Syed Zafar Ali Shah. Gunmen attacked two other polio teams in Charsadda and one in the town of Nowshera, but no one was hurt in those attacks, he said.



Earlier in the day, gunmen shot a polio worker in the head in the city of Peshawar, wounding him critically, said Janbaz Afridi, a senior health official in surrounding Khyber Pakhtunkhwa province.

On Tuesday, gunmen killed five female polio workers - three of them teenagers - in a series of attacks in Karachi, the capital of southern Sindh province, and a village outside Peshawar. Two men who were working alongside the women were critically wounded in those attacks. A male polio worker was also shot to death in Karachi on Monday.

Maryam Yunus, a spokeswoman for the UN World Health Organization in Pakistan, said the group's polio staff have been pulled back from the field in Khyber Pakhtunkhwa and Sindh and asked to work from home until the vaccination campaign ends Wednesday.

Officials in Karachi temporarily suspended the vaccination campaign in the city after the shootings on Tuesday, but the Khyber Pakhtunkhwa government ploughed ahead, not wanting to be cowed by the violence.

Several dozen polio workers and human rights activists protested against the killings in Pakistan's capital, Islamabad, on Wednesday and demanded security for the field staff.

The Pakistani government and the UN have also condemned the attacks, saying they deprive Pakistan's most vulnerable populations - specifically children - of basic life-saving health interventions.

Polio usually infects children living in unsanitary conditions, attacks the nerves and can kill or paralyse. A total of 56 polio cases have been reported in Pakistan during 2012, down from 198 the previous year, according to the UN. Most of the new cases in Pakistan are in the northwest, where the presence of militants makes it difficult to reach children.

See video on theage.com.au.

Polio This Week

Source: [Polio Global Eradication Initiative](#) - as of Wednesday 12 December 2012

Wild Poliovirus (WPV) cases

Total cases	Year-to-date 2012	Year-to-date 2011	Total in 2011*
Globally	213	571	650
- in endemic countries	208	281	341
- in non-endemic countries	5	290	309

Case break down by country

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	53	2	1	56	171	2		173	198	10-Nov-12
Afghanistan	34			34	61			61	80	19-Nov-12
Nigeria	98	20		118	36	10		46	62	17-Nov-12
India					1			1	1	13-Jan-11
Chad	5			5	122	3		125	132	14-Jun-12
DR Congo					88			88	93	20-Dec-11
Angola					5			5	5	07-Jul-11
Niger					1	1		3	5	22-Dec-11
CAR					2			2	4	08-Dec-11
China					18			18	21	09-Oct-11
Guinea						3		3	3	03-Aug-11
Kenya					1			1	1	30-Jul-11
Côte d'Ivoire						36		36	36	24-Jul-11
Mali						7		7	7	23-Jun-11
Congo					1			1	1	22-Jan-11
Gabon					1			1	1	15-Jan-11
Total	190	22	1	213	508	63	0	571	650	
Total in endemic countries	185	22	1	208	269	12	0	281	341	
Total out-break	5	0	0	5	239	51	0	290	309	

Data in WHO as of 30 Aug 2011 for 2011 data and 11 Dec 2012 for 2012 data

Express Yourself!



2013 Polio Health and Wellness Retreat

**Body / Mind / Spirit
South Australia in April 2013**

Expression of Interest

Polio Australia will once again be facilitating its 4 day/3 night day Polio Health and Wellness Retreat for polio survivors and their partners from Thursday 18 to Sunday 21 April, 2013. This time we will be enjoying the hospitality of the Stamford Grand in the delightful seaside suburb of Glenelg, South Australia. The holistic 'Body / Mind / Spirit' theme will continue and include:

- Interactive group sessions and one-to-one consultation opportunities with a variety of allied health professionals
- Hydrotherapy and exercise options
- Latest orthotics, aids and equipment displays
- Seated Yoga and Meditation Sessions
- Activities To Keep The Mind Active
- Creative Workshops and Singing for Health
- Massage therapy

See details of previous Retreats at www.polioaustralia.org.au / **What we do / Self Management**



Polio Australia's Health and Wellness Retreat—South Australia

Expression of Interest only

(Registration fees for 3 nights accomm, all meals and most activities = \$400 pp double / \$450 single)

Please provide me with more information on the 2013 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