A Taste Of Things To Come

The following abstract is one of the presentations which make up the Program for the Australasia-Pacific Post-Polio Conference — Polio: Life Stage Matters from 20-22 September in Sydney. Check the website for all details: www.postpolioconference.org.au.

Polio Australia set up its Polio Health website in 2015 as a dedicated resource for health professionals to learn about the diagnosis and management of the late effects of polio. The website includes sections about polio and its late effects, professional development opportunities, post-polio publications and videos, a health professionals register, post-polio conferences, the Australian Polio Register, and post-polio research. This poster gives insights into the research database.

The inspiration to set up a searchable database that focuses on post-polio research, and is readily accessible to all, came from Post-Polio Health International’s Medical Articles listing. Since the 1980s there has been considerable research into the causes and effects of, and diagnosis, treatment and therapies for, the late effects of polio and post-polio syndrome. Sadly, in Australia, there has been little interest or research in this area.

The post-polio research database seeks to bring relevant, credible, peer-reviewed, research papers to the attention of health professionals working with post-polio patients. In this endeavour, Polio Australia is grateful to Post-Polio Health International, Dr Mary Westbrook, and Dr Farid Khan, for their assistance in developing the database.

There are currently around 200 research papers, including their abstracts, recorded in the database. The majority of the papers are available online, although a paid subscription may be required to view or download the full text. With research papers being added on an ongoing basis, the absence of any particular paper as at the database’s last update is not a reflection on the value of that paper.

The research is assembled under 44 categories: activity levels, acute flaccid paralysis, ageing, anaerobic threshold, anaesthesia, assistive technology, brain, cardiorespiratory, cardiovascular, clinical evaluation, cold intolerance, complementary therapies, continence, coping styles and strategies, cultural context, diagnosis and management, differential diagnosis, drugs, dysphagia, dysphonia, epidemiology, exercise, falls, fatigue, fractures, gender differences, immune response, inflammation, late effects of polio, muscle strength, muscle atrophy, orthoses, pain, polio immunisation, post-polio motor unit, psychology, quality of life, renal complications, respiratory management, restless legs syndrome, sleep analysis, surgery, vitality, and vocational implications. For clinical trials, based on their results their efficacy is classified as effective, more research required, or not effective. For ease of locating papers of interest, they may be recorded in more than one relevant category.

As well as being categorised, there is an alphabetical list of all papers, as well as lists sorted by author, category, journal, publication date, or title. The database is also fully searchable by author, category, journal, or title, or by any word within the abstracts.

Finally, around 100 journals and other publications (to date) from which the research papers are drawn are listed separately in alphabetical order, each including a brief description. Each journal is linked to its website.

Polio Australia’s Research Database – A Unique Resource

By Gillian Thomas
Polio Australia
From the President

I can remember when the countdown clock on the Australasia-Pacific Post-Polio Conference website showed almost two years to go. By the time you receive this edition of Polio OZ News there will be less than two weeks to go. This will be your best opportunity ever to attend a world best-practice Conference to learn how to better manage the post-polio condition from the outstanding panel of international and Australian experts who have agreed to take part in our conference pro bono. This is a once in a lifetime Conference! Register Now on the Conference website: www.postpoliocoference.org.au.

I recently travelled to New Zealand to speak at Polio NZ’s annual Retreat which, this year, was held in Rotorura. The Retreat was held in the former World War 2 Queen Elizabeth Rehabilitation Hospital which continues to offer therapies, and has wonderful thermal pools which I took advantage of each day of the Retreat. At their general meeting on day two, Polio NZ decided to base all of their future Retreats at the QE2 on the shores of Lake Rotorua.

In my talk to Polio NZ, I provided an update of the work of Polio Australia and took the opportunity to put in a major sales pitch for the kiwis to attend our international post-polio conference in September. Sixteen were coming at the time to the Conference, and following my talk, I followed up with a number of other polio survivors who expressed an interest.

I also took the opportunity to catch up on Polio NZ plans for their future, now that they have employed Gordon Jackman as a full-time Program Manager – Polio NZ’s answer to Mary-ann. Polio NZ has implemented a number of similar programs to us but thanks to their wonderful Duncan Foundation, they have been able to strike out in a number of new directions. We will follow these programs with interest at Polio Australia.

By the time you read this, I will have already addressed the Rotary Zone 7B / Zone 8 Conference in Penrith (NSW). This Zone covers eastern Australia and New Zealand. This is a gathering of 400 Rotary Governors, past, present and future, and other Rotary leaders. They have asked me to speak on the Late Effects of Polio (LEoP).

One of the matters that I will cover is Polio Australia’s recent highly successful partnership with Rotary District 9685 to train health professionals in the differences that they should take into account when treating someone with the LEoP. We are hoping that other Rotary Districts will follow the example of Rotary District 9685, and in my talk I will be pitching for supported central funding at the Rotary Zone level.

Following our international Conference, our next big event will be the annual Walk with Me fundraiser. Usually this event is held in September, but because of the Australasia-Pacific Post-Polio Conference in Sydney at that time, we have deferred the Walk with Me events to later in the year. As explained in the Winter edition of Polio Oz News, Polio Australia will be less dependent on outside organisations for this event in 2016, which should reduce our costs.

So, for the first time, we will have a Brisbane-based Walk with Me event on Sunday 29th October to fit in with Polio Awareness Month.

Cont’d P3
From the Editor

What can I say? Busy, busy, busy!!! This is an incredibly exciting time for Polio Australia and more than 220 delegates who are planning to attend the Australasia-Pacific Post-Polio Conference in a couple of weeks.

Due to this increased workload (with no increase in resources), this edition of Polio Oz News will be a ‘mini’ version of what regular readers are used to. However, there will be much to report post-Conference, so stay tuned! I have already received numerous queries about the availability of presentations, videos, etc, from the Conference, and I am pleased to advise that everything we have permission to ‘share’ will be uploaded to the Conference website in the weeks following the Conference: www.postpolioconference.org.au

This month, you will see that the lead article is a Poster abstract from Polio Australia’s very own Gillian Thomas. Gillian works tirelessly (although being a polio survivor, that’s an unlikely condition) to manage our business affairs, and create and administer our websites—currently five and counting . . .

The Polio Health website www.poliohealth.org.au is also home to the new Australia-wide Health Professionals Register, which around a dozen or so multi-disciplined health professionals have signed up to, but is yet to reach a ‘critical mass’ to make the most of the ‘search’ function.

President’s Report (cont’d from P1)

This activity is being organised by our volunteer Fund-Raising Coordinator extraordinaire, Sue Mackenzie. More information can be found on page 5.

For the second year running, we have another Walk with Me event at Parliament House in Canberra, but with a new twist. We have also scheduled the Polio Australia AGM at the same time to make it easier for Polio Australia Board members to take part, especially those who have to travel long distances.

For polio survivors who would like to join us for the National Capital Walk with Me event, this will take place on Thursday 10th November starting at 1:00pm from the main entrance of the federal parliament. This will be preceded at 10:30am by a morning tea with the Parliamentary Friends of Polio Survivors. We will be briefing them mainly on the wonderful work that our Vice President and Webmaster, Gillian Thomas, has done on updating the Australian Polio Register and launching our new Polio Health Professionals Register, which will enable polio survivors to search for health professionals who actually know something about LEoP.

I would really encourage you all to think about joining one of the Walk with Me events on either the 29th October in Brisbane, or the 10th November in Canberra, and approaching your family, friends, work colleagues and/or people in community groups that you know well, to sponsor your participation.

Any interested health professionals can read more about how to Register themselves on page 4.

Even though it’s a little difficult to believe at this point in time, there are other activities in the planning, including a couple of ‘Walk With Me’ fundraising events in Brisbane and Canberra, mentioned in John’s ‘President’s Report’. Polio Australia has a brand-new logo for our ‘Walk With Me’ activities (below), and we have freelance artist, Angela Casabene, to thank for designing this logo pro-bono.

We are also in the process of producing five two minute promotional videos for our websites, and a ten minute video for health professionals. This will focus on how to assess and manage the post-polio body, and we are grateful to Mt Wilga Private Hospital for providing the venue and organising staff to be involved.

I hope you enjoy this truncated offering of Polio Oz News this month.

John
You’ve been hearing about this Conference since 2014. You’ve seen the Program. You’ve read the abstracts. Now it’s time to Register!

Don’t miss out on this unique Conference, which features more than 40 separate Oral Presentations and 9 Posters from Australian and international post-polio experts, including those with ‘lived experience’.

There are currently 220 delegates registered, but we would be delighted to welcome more.

This Conference is the first of its kind in Australia, and it’s also unlikely to be repeated. Polio Australia has worked incredibly hard to make this Conference a reality, and we simply don’t have the resources to repeat the experience. So if you are waiting for the next one, you will be disappointed!

We are grateful to every one of the presenters who funded their own expenses to attend this Conference. This is yet another example of the incredible good-will that made this event possible, and clearly unrepeatable.

Delegates can expect to get up close and personal with the world’s leading experts in the largely neglected area of the late effects of polio. Where else could this happen? There are also polio survivor representatives from far and wide to exchange stories and experiences with.

All the current Conference details are on the website: [www.postpolioconference.org.au](http://www.postpolioconference.org.au), and all available Conference material will be uploaded to this website in the weeks following the event.

Your last chance is here!

**Post-Polio Health Professional Listing**

**Register online on the Interdisciplinary Post-Polio Health Professional Listing**

Polio Australia is the only national peak body representing Australia’s polio survivors. We are committed to standardising polio information and service provision across Australia so that all polio survivors have access to appropriate health care to best manage their chronic condition.

Polio Australia works with a range of treating health professionals to promote activities that raise awareness of the late effects of polio and/or post-polio syndrome through continuing professional development and patient education.

Polio Australia’s ‘Polio Health’ website – [www.poliohealth.org.au](http://www.poliohealth.org.au) – can be accessed by both health professionals and polio survivors to provide a broad range of online information and resources to help identify, diagnose, and manage the late effects of polio and/or post-polio syndrome.

However, many polio survivors still report great difficulty in obtaining correct diagnosis and treatment for polio related problems. Therefore, both treating health professionals and polio survivors are keen to find practitioners who have some knowledge of, and/or experience in working with, polio survivors.

To help clients and practitioners find each other, Polio Australia has developed an online interdisciplinary listing of willing practitioners who have an interest in treating polio survivors.

Best practice in management of people with the late effects of polio (LEoP) is still evolving. In the absence of specific medical or pharmacological treatments, management programs are key to analysing and minimising symptoms, maximising function, and supporting participation.

Medical practitioners acknowledge that an interdisciplinary approach is appropriate and recommended, as individuals are likely to have a wide variety of problems. As many symptoms result from motor unit degeneration, and/or attrition combined with normal ageing and overuse, treatment regimens and management strategies must be adjusted to the state of the condition.

People living with polio’s late effects and people ageing with disability share many physical, psychosocial, and daily living challenges. However, several important and specific considerations apply to the LEoP group.

Due to the numerous and varied considerations for the management of LEoP clients, a range of allied health professionals may be required to make up the ‘Post-Polio Care Team’ with the client, General Practitioner and specialists.

Those health professionals who are interested in being included on this list are invited to go to the Polio Health website: [www.poliohealth.org.au](http://www.poliohealth.org.au) and add their name to the Health Professional Register.

For further information, please contact Mary-ann Liethof at [office@polioaustralia.org.au](mailto:office@polioaustralia.org.au) or Ph: 03 9016 7678.
Walk With Me Events

Walk With Me Brisbane

Help Polio Australia’s Volunteer Fundraising Coordinator, Sue Mackenzie, make a difference and fundraise for Polio Australia through this ‘Walk With Me’ challenge during Polio Awareness Month!

WHEN: Saturday 29th October, 9.30am for 10am start.
START: Merthyr Bowls Club, Oxlade Drive, New Farm, to Sydney St Ferry along the River.
FINISH: Return to Merthyr Bowls along the River front.
DISTANCE: 1.5 kilometres (750 metres each way) relaxed walk or wheel ride along River front.
MORNING TEA: Morning Tea, Raffles and Fun at Merthyr Bowl. Lunch can also be purchased.
REGISTRATION: $15 (School Children Free) via email: sue@polioaustralia.org.au.
DONATE: ONLINE via www.polioaustralia.org.au/invest-in-us/. Donations are tax deductible and a Polio Australia receipt can be emailed.

Walk With Me Canberra

Federal Members and Senators ‘Walk’ in support of Australia’s 400,000 Polio Survivors

While it is only a short walk for some, it’s a real challenge for others. The annual Walk With Me activity redefines the traditional notion of an event challenge. It’s a short walk challenging us all to take the time to walk alongside people of all abilities.

This Canberra-based Walk With Me activity is heading to Parliament House on Thursday 10th November to engage our nation’s leaders in this worthy, and healthy, event!

Proposed program
10:30am Morning tea and official launch of Polio Australia’s new Registers for MPs and Polio Survivors in the Sir Richard Baker Room
12:00pm Buffet Lunch in Members and Guests Dining Room
1:00pm Walk with Me Activity

Dr Tierney will be leading a number of bipartisan Members, Senators, and fellow polio survivors in the Walk With Me event at Parliament House on the 10th of November at 1:00pm. Members, Senators and polio survivors will meet in the Marble Hall and walk, wheel, or scoot to either the Senate or the House of Representatives front doors and back. A great way to recharge before heading in to Question Time!

Put the date in your diary now! More details will be made available in the coming weeks.
Congratulations Tessa Jupp

Polio nurse Tessa Jupp of Subiaco awarded Medal of the Order of Australia

Mrs Jupp was a founding member of the Post Polio Network of Western Australia, an organisation which supports polio survivors, and is a board member of Polio Australia.

She is also the co-author of Poliomyelitis in Western Australia: A History.

She said the network had contacted more than 2000 survivors, who they were helping, but still had another 1000 they wanted to get in touch with.

Although polio was no longer a threat, the long-term effects of the disease and the deterioration process are still affecting many survivors.

Research at the clinic was also finding a link between polio survivors and muscle weakness and fatigue being passed down to children and grandchildren.

Mrs Jupp said she was pleasantly surprised to receive the Order of Australia Medal.

"I think it’s recognition that this work is important and valuable,” she said.

“Hopefully this will help raise awareness of the issues of post polio and get other states to take notice of the research we are doing here in WA.”

Ed Note: Tessa Jupp is one of Polio Australia’s Board Members representing WA, and will be presenting her research at the Australasia-Pacific Post-Polio Conference.

Listen to Tessa’s Radio interview here.

By Lisa Thomas
Source: Western Suburbs Weekly - June 14th, 2016

SUBIACO nurse Tessa Jupp has been recognised for her service to the research and care of post-polio patients in the Queen’s Birthday Honours, by being awarded the Medal of the Order of Australia.

Mrs Jupp, who will accept the medal at a ceremony in October, first began her work in polio in 1989, while caring for her late husband who had the disease.

She said while caring for him she realised there was not enough being done in WA to help those who were suffering from the late effects of polio.

"The work we are doing is looking at nutrition and what vitamins and minerals can be used to help with the late effects of polio,” she said.

"We find blood levels in polio survivors are not sufficient in carnitine, which can cause a lack of energy and endurance.”
Heart Attack At Sea

By Peter Willcocks July 2016

July 5, 2016, at 1000 nautical miles from Sydney on the P&O Cruise Ship "Pacific Pearl". I was talking to a 7th generation Norfolk Islander and turned quickly in my power chair to chat to a bloke I had met who was born with albinism. A sharp and painful grab in the chest. Ooh that hurt, I said quietly to myself. I excused myself from my interesting company. Found a quieter place to breath ‘it’ out.

The ‘it’, I believed, was post-polio related muscular skeletal pain that I had been enjoying for over six months. The pain had been so severe on two occasions that my GP had dispatched me to emergency. Each time after ECG’s, blood tests, x-rays etc, no evidence of a heart attack, recent or current; cause: muscular skeletal. A trusted specialist suggested kyphoscoliosis as the most likely. Limit sharp turns of the trunk and sudden bending and lifting. Careful movement worked a treat and I only felt the pain when I broke the rules; polios know all about rules and pain.

After 15 minutes or so I couldn’t breathe the ‘it’ out, bugger I really twisted a bit too sharply. I started to sweat, found my family and joined them for coffee. Sore, no good. Sweating profusely with elephant pain on the chest, my son guided me to the ship’s medical centre. With a pain described as 12 out of 10 the doctor worked through a diagnosis.

I tried to suggest that it was just muscular skeletal but an ECG confirmed a heart attack and the blood test showed levels of troponin that were through the roof. Phone calls were made to contact my GP and my pain specialist for my medical history whilst a coronary specialist in Sydney worked with the ship’s doctor for a treatment plan.

I was thrombolysed to dissolve blood clots, a 1 in 100 chance of causing a stroke. I signed the authority without a second thought, at 1000 nautical miles from land the odds for my survival just got better.

Over the next two and a half days the blockage in my heart was managed with the anti-blood clotting agent and stuff to lower my blood pressure to take the strain off the heart. I recall seeing a BP of 56 over 34. Alarms were constant as the doctors worked with drugs to manage my pain and blood pressure to keep me alive for surgery in Sydney.

The ship’s Captain alerted P&O’s head office that the cruise ship’s return voyage would be sped up. The pool was drained, open decks closed, diesel generators to full power, passengers informed of a medical emergency. The massive cruise ship rode full power through the pacific and bass strait. The ship tossed and turned always with purpose; the captain took 14 hours off three days sailing. Pilots, tug boats and sea police cleared a path through Sydney harbour to a berth with customs, security at the ready. As the ship docked, ambulance officers were on board being briefed for my full siren, intersection rush through roads cleared to the Royal Prince Alfred’s emergency and straight to the operating theatre where a simple stent reinstated blood flow to the main artery of my heart.

I have so many to thank, family included. The P&O crew from Captain down at all times prior and after my little adventure did everything to make the cruise enjoyable. I feel for my fellow passengers many of whom are now fondly remembered. Although Noumea was the only wheelchair friendly port, I always found things on board of interest.

The ship’s doctors and nurses are among the best that I have every had the pleasure to meet, all emergency trained, they cared for me through a blast of alarms, kept me calm and informed at all times.

The Royal Prince Alfred is a training hospital. Prof. Anthony Keech took a personal interest in me. Differences noticed were nurses in uniforms, urine bottles in baskets attached to beds, meals at 8am, 1pm and 6-7pm – vegetables crisp. My care was superb.

Back in Melbourne, recovering well. Enjoying peaceful moments calling all who helped with my recovery. Very thankful to family, P&O and to RACV Travel insurance.
Rio Paralympics Are A Showcase Of Developments In Medicine

By Greg Blood
Greg Blood is a Roar Rookie


The Paralympic Games are widely regarded as the second largest sporting event in the world. They are also a showcase of developments in medicine, science, and inclusion.

You are unlikely to see many athletes with poliomyelitis (polio) at the Rio Paralympics but this has not always been the case.

Several months ago I met three of Australia’s early Paralympians – Elizabeth Edmondson, Lyn Lillecrapp and Julie Russell. The thing that struck me was that they were all survivors of the polio epidemics that hit the world including Australia in the 1940s and 1950s.

At its peak around 10,000 Australian children a year came down with polio. A polio vaccine was developed by Joseph Salk and there has been mass vaccination against polio in Australia since 1956. The vaccine has spared millions of children from the ravages of polio. Australia was declared free of polio by the World Health Organisation in 2000.

Sport was recommended to children and adolescents with polio as part of their rehabilitation. Several of these children and adolescents have gone on to represent Australia at the Paralympics since the first Games in 1960.

Who have been some of Australia’s Paralympians with polio?

Elizabeth Edmondson (born 1950) was diagnosed with polio at the age of fifteen months. She swam at two Paralympics (1964-1968) winning five golds and one silver and attended the 1964 Games as a 14 year old.

Tracy Freeman (born 1948) won six gold and four silver medals in athletics at two
Paralympics (1972-1976). She became a quadriplegic at the age of two due to polio.

Gary Hooper (born 1939) contracted polio at the age of 11 and lost the use of both legs. He won two gold and four silver medals at three Paralympics (1960-1968).

Lyn Lillecrapp (born 1945) contracted polio at two months. Her swimming career started later in life and she attended three Paralympics (1976, 1988, 1992) winning three silver and three bronze medals.

**Roaring Recommendations**


Bill Mather-Brown (born 1936) contracted polio at the age of two. He attended three Paralympics (1960-1968) winning silver medals in athletics and table tennis.

Julie Russell (born 1951) contracted polio at sixteen months. She attended five Paralympics (1980-2000) and won five silver and three bronze medals in athletics. She also competed in wheelchair basketball and powerlifting.

Michael Dow contracted polio at the age of five and won two gold medals in swimming at the 1964 Paralympics.

Stan Kosmala (born 1950) contracted polio at the age of two and went to three Paralympics (1976, 1988, and 2000) and he won a gold medal in lawn bowls at the 1988 Paralympics.

Ron Finneran (born 1944) has spina bifida after contracting polio at the age of 18 months. He unofficially competed at the 1976 Winter Paralympics. He attended the Games but there was no event for his disability. He was largely responsible for establishing Disabled Winter Sport Australia.

Sport has played an important part in their lives and the Paralympics allowed them to represent Australia. Several of these athletes took up sport seriously in their youth and others later in life. Elizabeth Edmondson and Lyn Lillecrapp are still active in masters swimming.

Edmondson highlighted the importance of swimming to her life by saying “Swimming allowed me to move through the water with a certain amount of grace and my disability seemed to disappear in the dimensions of the pool. It got me physically fit, which was a big plus. I enjoyed the competition, the travel and most of all people I met became firm friends. Sport has meant a great deal to me.”

There are small sections of Australian society against childhood immunisation. I think the Paralympians mentioned above would have loved to have been immunised against polio.

Maybe if they had been immunised they would have represented Australia at the Olympics. While polio has been eradicated in Australia there are still pockets in the world.

In watching the Paralympics in the coming weeks please consider how athletes might have acquired their disability – congenital, illness, disease or by accident and how medicine and science has assisted their rehabilitation and mobility. Sport with medical interventions is a very important part of their rehabilitation.

We're The Superhumans
Rio Paralympics 2016 Trailer

Click on the picture below to link.

**We're The Superhumans | Rio Paralympics 2016 Trailer**
Mother Teresa's work continues, in India and around the world

By South Asia correspondent James Bennett

Source: www.abc.net.au — 4 September 2016

A life-changing legacy

"I wouldn't be sitting here talking to you if she [Mother Teresa] wasn't in my life," Gautam Lewis says simply.

The orphan and polio survivor is one of thousands who passed through Shishu Bhavan, but his is a remarkable tale of luck and success.

"I survived polio at a time and a place in Kolkata where one in five children were dying of polio, then restarted my life in the care of Mother Teresa," he says.

Born in Kolkata (then Calcutta) in approximately 1977 to destitute parents, he was taken in by Mother Teresa's nuns.

"Mother Teresa was the root that changed my destiny from poverty to everything else," he says. He was later adopted and raised in the UK, where he has worked in the music industry, learnt to fly and built a charity himself to give underprivileged children a chance to take to the air.

Mr Lewis says he could not face India for many years, partially because he felt guilt for his personal good fortune. But he has now made several trips, exploring his past with a self-made documentary and photography exhibition paying homage to Mother Teresa's work and those who have continued it after her death.

"I do remember there was no favourite one of Mother Teresa. All of her children were equals," he says.

An Unexpected Journey: A Physician’s Life in the Shadow of Polio

Book Review

By Daniel J. Wilson, PhD

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Dr. Lauro Halstead's new memoir, An Unexpected Journey: A Physician's Life in the Shadow of Polio, is a reflection on his life as a polio survivor and as a physician who helped identify post-polio syndrome as a new disease. While autobiographical, this is not a year-to-year accounting of his life. Rather, Halstead considers key people in his long life and episodes that shaped his life and career.

Halstead begins with an affectionate recounting of the influence of his parents and the importance of their farm in Vermont, "Storm Acres." Following his freshman year at Haverford College, Halstead traveled in Europe. After visiting France and Portugal, Halstead developed polio in Madrid, Spain.

Cont’d P11
He describes the frightening feeling as paralysis spread and affected his breathing. Fortunately, through the intervention of a U.S. Air Force physician, he was placed in a wooden lung at a Madrid hospital. After Halstead had recovered sufficiently, this same physician arranged for him to be flown back to his home in New York for recovery and rehabilitation.

During his recovery, Halstead determined to become a physician, and several chapters detail his journey into medicine as a doctor instead of as a patient. He is open about the challenges he faced, especially those resulting from his inability to use his right arm paralyzed by polio.

Like many polio survivors in the late 1970s and early 1980s, Halstead began to experience increased muscle pain and weakness as well as fatigue. When he became a physician, Halstead focused his clinical and research work on individuals with spinal cord injuries. But in the early 1980s he could not ignore what was happening to his body, and, as he soon discovered, to the bodies of many other polio survivors of the epidemics of the 1940s and 1950s.

He recalls how he and other clinicians, along with polio survivors, came together in influential conferences in the early and mid-'80s to name and describe this new phenomenon, post-polio syndrome.

Halstead ends his memoir with chapters discussing men important to him, the role of music in his life, and the importance of his family. An Unexpected Journey reveals the man behind his many contributions to understanding and treating post-polio syndrome. We learn the various influences that shaped his decision to become a physician and later to focus on the disease that he was experiencing along with his patients. The compassion and humanity evident in Lauro Halstead’s professional writing on post-polio syndrome clearly has its roots in a life well lived, even if it has been shadowed by polio.

Lauro S. Halstead’s An Unexpected Journey: A Physician’s Life in the Shadow of Polio, is available from Amazon in paper for US$10.00 and on Kindle for US$3.99.

Daniel J. Wilson is Professor of History at Muhlenberg College in Allentown, Pennsylvania. He is also the author of Living with Polio: The Epidemic and Its Survivors, as well as numerous articles on the history of polio.

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**A Balanced Way Of Living**

Source: [www.postpolioinfo.com/balanced_way.php](http://www.postpolioinfo.com/balanced_way.php)

Vicki McKenna's wonderful book is an "inside out" way of thinking about and managing PPS. Her practical strategies and holistic approach encourages even Type A polio survivors to slow down and listen to what their bodies, hearts - and even souls - are telling them: "Do for yourself as you have been doing for others". A Balanced Way Of Living is unusual because it includes dietary, natural and alternative therapies for PPS plus a unique Eastern view that outlines meditation, breathing and yoga as PPS treatments. The book is clearly and sympathetically written by a polio survivor who is also an acupuncture therapist and includes many case studies. By following McKenna's strategies, polio survivors cannot help but feel better, inside and out.

**PRAISE for A Balanced Way Of Living**

I am writing to thank you so much for *A Balanced Way of Living*. It has answered so many questions for me and will, I am sure, change my life completely. At last I know the "why", in answer to so many questions perplexing me for far too long! (G.H-J. UK)

I see myself in the things you talk about and see answers to things I didn't understand. Thank you for this book. (S.M. USA)
WHO Confirms 3rd Case of Polio in Nigeria

By Michelle Faul, Associated Press

Source: ABC News — 5 September 2016

The World Health Organization has confirmed a third case of polio in an area of Nigeria newly liberated from Boko Haram Islamic extremists, the Rotary Club said Monday, amid fears the disease could resurge in neighboring countries.

The West African nation that once was the global epicenter of the wild polio virus had been declared polio-free last year, along with the African continent. But two cases were discovered last month among refugees from areas recently won back by Nigeria's military from Boko Haram.

More cases are expected to be discovered in these areas. It is an indicator that Nigeria's war on the crippling disease cannot be won until it overcomes the insurgency by extremists who are violently opposed to Western medicine.

Rotary Club's field coordinator, Aminu Muhammad, told The Associated Press the new case, a 2-year-old boy, was found in Monguno local government area last month. The others were further south in Jere and Gwoza. All are in northeastern Borno state, where WHO says more than half of the health facilities are not functioning because of the fighting.

Rotary is part of a new emergency immunization drive that vaccinated more than 1.5 million children last week in Borno, where WHO has said the virus has been circulating undetected for five years and where Boko Haram began its Islamic uprising in 2009.

The campaign plans to reach 31.5 million children in northern Nigeria and 56.4 million across the country before the end of the year, according to the country's health ministry.

But the U.N. Children's Fund has warned that about 1 million children are in areas too dangerous to access.

The new cases "mean children across the Lake Chad region are now at particular risk", the director of polio eradication for UNICEF, Reza Hossaini, said last month.

The Lake Chad Basin area, where Boko Haram is active, is shared by Nigeria, Cameroon, Chad and Niger, some of the world's poorest states.

Nigeria's Health Minister Isaac Adewole also has warned of the risk, "given previous history of exportation to other countries and the suboptimal routine immunization coverage in several (African) countries".

Nigeria's military has helped with the vaccination drive, which included logistics and other aid from the U.S. Centers for Disease Control, the United Nations and Britain's Save the Children as well as government health workers. Military helicopters flew vaccines into places too dangerous to reach by road, and truckloads of troops and armored cars escorted vaccinators elsewhere.

Muhammad said they were using "hit and run" tactics to reach kids in areas where Boko Haram is present.

Nigeria's military has said it has the insurgents "on the run" and needs only to clear them out of border areas and their north-eastern stronghold in the Sambisa Forest. But a map used in the vaccination campaign shows almost all of Borno state is only "partially accessible", with four northern areas "inaccessible" and only the extreme south "accessible".

Boko Haram's uprising has forced some 2.6 million people from their homes in Nigeria and neighbouring countries.

There has been no major attack in months by the group, which is in the throes of a leadership struggle.

Polio remains in only two other countries, Pakistan and Afghanistan, also in areas affected by Islamic extremism.

Vaccines Saves Lives Video

Click on the picture below to view.
Polio This Week

Source: Polio Global Eradication Initiative — as of Wednesday 7 September 2016

In Nigeria, one new wild poliovirus type 1 (WPV1) case has been reported, from Borno state, following confirmation of two cases in August. Regional outbreak response across north-eastern Nigeria and the Lake Chad sub-region is continuing within the broader humanitarian emergency context. Detection of new cases at this point is not unexpected or unusual, particularly as surveillance is being strengthened (including by conducting retrospective acute flaccid paralysis case searches).

Wild Poliovirus Type 1 and Circulating Vaccine-Derived Poliovirus Cases

<table>
<thead>
<tr>
<th>Total cases</th>
<th>Year-to-date 2016</th>
<th>Year-to-date 2015</th>
<th>Total in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WPV</td>
<td>cVDPV</td>
<td>WPV</td>
</tr>
<tr>
<td>Globally</td>
<td>25</td>
<td>3</td>
<td>39</td>
</tr>
<tr>
<td>- in endemic countries</td>
<td>22</td>
<td>0</td>
<td>39</td>
</tr>
<tr>
<td>- in non-endemic countries</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Case Breakdown by Country

<table>
<thead>
<tr>
<th>Countries</th>
<th>Year-to-date 2016</th>
<th>Year-to-date 2015</th>
<th>Total in 2015</th>
<th>Onset of paralysis of most recent case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>8</td>
<td>9</td>
<td>20</td>
<td>08-Aug-16 NA</td>
</tr>
<tr>
<td>Pakistan</td>
<td>14</td>
<td>30</td>
<td>54</td>
<td>27-Jul-16 09-Feb-15</td>
</tr>
<tr>
<td>Guinea</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>NA 01-Dec-15</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>NA 11-Jan-16</td>
</tr>
<tr>
<td>Madagascar</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>NA 22-Aug-15</td>
</tr>
<tr>
<td>Myanmar</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>NA 05-Oct-15</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>6-Aug-16 16-May-15</td>
</tr>
<tr>
<td>Ukraine</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>NA 07-Jul-15</td>
</tr>
</tbody>
</table>

In Nigeria, an emergency regional outbreak response is continuing under the guidance of the Emergency Operations Committee, led by the Government of Nigeria and with support from WHO and GPEI partners, including with inactivated polio vaccine (IPV). The outbreak response is being coordinated with neighbouring countries and in the broader humanitarian emergency response context affecting the region. Similar approaches to outbreak response were successfully implemented in previous years in the Middle East and the Horn of Africa.