



Polio Oz News

September 2017 – Spring Edition

2017 Polio Health and Wellness Retreat



Polio Australia is once again facilitating its 4 day/3 night day Polio Health and Wellness Retreat for polio survivors and their partners, from Thursday 26 October to Sunday 29 October 2017 at the SurfAir Conference & Events Centre Marcoola, Marcoola Beach, in sunny Queensland.

SurfAir Beach Hotel Marcoola is located on absolute pristine beachfront, just moments away from the Sunshine Coast Airport. The Hotel has an outdoor 'lagoon' pool, and there is plenty to see and do in the nearby areas, making it a great holiday destination.

This is a fully immersive weekend, with all training workshops, free clinical consultations, accommodation, and meals provided onsite. This format is proven to create the most supportive and interactive environment, where participants have plenty of time to share the Retreat experience with their loved ones, and where old and new friendships flourish. Numbers have been restricted to 70 people, which is conducive to friendly networking.

Here is what previous participants have had to say:

*I have been guilty in the past of refusing to admit to very few, including myself at times, to the fact that I am a polio survivor. After such a life changing few days in the company of so many amazing other survivors, I now acknowledge the term as a badge of honour. **FL***

What a most worthwhile and inspiring retreat! Prior to the Retreat, I had never attended any polio functions, mainly due to the demands of life/career and the fact that one just 'gets on with it'. I am really pleased to have attended and

*was more than impressed with all that unfolded. Many of the sessions provided vital information and, yes, I appreciated the one-to-one with the specialists, the massage, etc. Above all else, I appreciated meeting and relating to a most remarkable and courageous group of individuals. There were varying manifestations of the effects of polio but really, in the truest sense of the word, the retreatants are not disabled at all! I feel very blessed to have had the opportunity to be part of the Retreat. There is a sense that we are all family! **MH***

Below is an overview of the daily itinerary and examples of the sessions you may select from:

Thursday 26th October

- Registration
- Welcome Dinner
- Guest Speaker
- Program Overview
- Introductions & Orientation

Friday 27th October (Body)

- Plenary: The Polio Body
- 'Hold On' Continence Advice
- A Healthy Happy Shoulder
- Vehicle Mods To Keep You Travelling
- Keeping Yourself Mobile
- To Brace Or Not To Brace
- Healthy Eating
- New Insights, Innovation And Information In Treating Common Foot Problems
- Medicines: All You've Ever Wanted To Know But Never Asked
- Negotiating My Aged Care
- Partnering Polio

(cont'd P3)

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throughout Australia

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President's Report



Dr John Tierney OAM
President

In the last edition of *Polio Oz News* I reported that the Polio Australia lobbying team of Gillian, Maryann, John and Michael were to visit Canberra in June to lobby for financial support for the needs of polio survivors. The main objective of the visit was to lobby our Health Minister Greg Hunt to fund a program to support the training of health professionals in caring for the post-polio body.

I am delighted to report that after years of lobbying for government support, this request was successful and Polio Australia is now funded to deliver this program over the next three years. The federal government is providing \$150,000 dollars per annum to facilitate the delivery of LEoP Clinical Practice Workshops across Australia.

Polio Australia is at last having some success in attracting outside funding to support our world's best practice programs. In addition to this federal funding, as I have reported in the last editions of *Polio Oz News*, the Board of Spinal Life Australia (SLA) agreed to fund Polio Australia at \$100,000 dollars pa for the next two years, with a focus on developing self-sustaining funding strategies into the future.

Part-time staff have now been appointed to carry out this mandate, with an initial focus on Bequests, amongst other fundraising initiatives, aimed at supporting the work of Polio Australia. If you are interested in the Bequest Program and would consider leaving such a provision in your will, you can access

useful information on how to do this on our website: www.poliohealth.org.au/bequest-program-video/

Elsewhere in *Polio Oz News* you will find a lot of information on this year's *Health and Wellness Retreat*, our not-to-be-missed, signature event of the year. From the 26th – 29th October, we are returning to Queensland to the Surfair Conference and Events Centre, at Marcoola Beach on the Sunshine Coast. This will be my seventh Australian Health and Wellness Retreat, and each time I learn a lot of new things about managing my LEOp condition.

In mid-September, and again in late November, we will holding "Walk With Me" activities in Brisbane and Canberra respectively. Details of these events can be found on pages 8 and 9. Last year, these fun fundraising events raised over \$15,000 dollars for the work of Polio Australia. This year, we invite you to join us for a walk / ride / scooter on: Saturday 16th September in Brisbane, along the beautiful Brisbane River; and Thursday 30th November around Parliament House, Canberra, including a chance to lobby the MPs on behalf of polio survivors.

I have been invited again by our friends across the ditch to take part in Polio New Zealand's annual Retreat, which will be held in Rotorua in early October. In recent years, Polio New Zealand has developed a range of initiatives to further the objectives of their organisation including the establishment of a post-polio clinic. The NZ Duncan Foundation has underwritten this work. I really wish that we had such a foundation! When I am at the Polio NZ retreat, I look forward to catching up on their plans for the future.

John

From the Editor



Maryann Liethof
Editor

For those of us in the southern hemisphere, the month of September heralds Spring, warmer weather, and blossoms. Well, as far as Melbourne is concerned, at least we have the blossoms! But, at Polio Australia, we also have the season's 'new beginnings' in the form of new staff and a new, but much anticipated, clinical training Program—more on page 4. And

following another initiative launched earlier in August, the *Buddy Call Register* (p5), we hope that there are a number of new friendships blossoming amongst our post-polio community.

Also this month, for those in the warmer climes of sunny Brisbane, Queensland, people are, once again, being given the opportunity to participate in Sue Mackenzie's *Walk With Me* activity along the beautiful Brisbane River (p8). Join the fun!

Then we'll be up to October and Polio Awareness Month! On page 6, you will find this year's theme for our "We're Still Here!" campaign. We are also looking for stories that can be used in media releases for community newspapers. Everyone has one, so why not let us know yours?

2017 Polio Health and Wellness Retreat (cont'd from P1)

Saturday 28th October (Mind)

- Plenary: Exploring the Healthy Mind
- Cultivating Emotional Balance
- But What About Me?
- Planning Ahead
- Chair Yoga
- Cryptic Crosswords
- Feldenkrais
- Canasta
- Write Your Story
- Miniature Gardens
- Kitchen Table Economics & Investing
- Live Love Life Colourfully
- Partnering Polio

Sunday 29th October (Spirit)

- Plenary: The Spirit
- Philosophy, Science And World Religions

2012 Retreat
participants
Marcoola
Queensland



In November, we'll be off to Canberra again with Dr John Tierney to participate in his "Walk With Me" around Parliament House (p9). I'm exhausted just thinking about it!

Also in this edition, you will find a link to an interesting new ABC Radio National series that explores historical events around old photographs (p10). "The Sunshine Cure" focusses on the polio epidemics, which I was invited to contribute to.

If you use a mobility scooter, you will be interested in the article on page 11 relating to a Standards Australia draft standard for mobility scooters that effectively bans them from being used on public transport. The opportunity for public comment on this draft closed on 7th August, so we must now wait to see if this will be accepted, or if there was enough opposition to change the draft.

As always, there are many more articles worth a read, including an interesting perspective from a 'family physician' with a disability who believes there should be more like him. And so say all of us! 🌟

Maryann

- Introduction To Buddhism
- Finding God In Christianity

All 'Hotel' rooms have walk-in showers, and additional bathroom aids can be hired in for safety and comfort. There is also still one 'Twin Share' vacancy (female) in a 2 bedroom apartment with wheelchair accessible bathroom.

Registration fees are heavily subsidised, and start at \$350 for 4 days/3 nights accommodation, all meals, workshops, and activities. This is a fantastic opportunity to 'reboot' your LEOp management regime, enjoy the resort 'vibe', and meet up with old and new friends!

All details can be found on Polio Australia's website here:

www.polioaustralia.org.au/retreat-2017/ 🌟

New Beginnings at Polio Australia

In the last edition of *Polio Oz News*, we reported on grants from the federal Department of Health, and Spinal Life Australia. And that new funding has meant new staff and a brand, new Program for Polio Australia.

So, let's meet the new 'team'!



Rachel Ingram
Administrative Officer

I joined the Polio Australia team on 7th August as the Administrative Officer. I am in my final year of studying Health Promotion at Curtin University. I am passionate about health, fitness and ensuring every individual can achieve a positive overall wellbeing. I am new to the polio world; as a Gen Y, it has not affected me or my immediate family or friends. Since starting at Polio Australia, I have explored every resource we have and have developed an in-depth understanding of the LEOp and am eager to keep learning. In the coming months, I will be working on Polio Awareness Month in October and am eagerly looking forward to the Polio Health and Wellness Retreat and Walk With Me Canberra events later in the year. ●



Paul Cavendish
Clinical Health Educator

I began working in allied health over ten years ago on the Sunshine Coast, for a Physiotherapy clinic, delivering rehabilitation to clients with musculoskeletal and neurological conditions. Subsequently, I have worked in a range of settings, including a spinal cord recovery centre. I completed a Masters in Exercise Physiology in 2013 and have currently practising as an Accredited Exercise Physiologist. I am passionate about my work and have always strived to achieve the very best for my clients, getting a great deal of professional satisfaction from providing a meaningful difference. I appreciate this opportunity to achieve great outcomes with this role.

Paul commences on 11 September 2017. ●

LEoP Clinical Practice Workshops Program

LEoP can present as a unique cluster of biomechanical and/or neurologic features in each individual, which can be moderated if properly assessed and managed. The LEOp are essentially a 'diagnosis of exclusion', but should be considered for clients/patients who are known to have had polio themselves — or other members of their family (which may indicate undiagnosed sub-clinical damage).

Insufficient clinical knowledge and support for people living with LEOp has resulted in widespread issues including, but not limited to:

- misdiagnosis due to lack of awareness of LEOp across the health sector;
- lack of awareness of polio survivors' own condition;
- the exacerbation of motor neuron damage;
- a significant increase in falls leading to the need for expensive acute care; and
- extraordinary costs relating to health and disability.

Polio Australia has been granted Department of Health funding over a 3 year period, for the specific purpose of developing and delivering LEOp Clinical Practice Workshops to educate health practitioners across Australia, thereby supporting the improvement of care for Australia's post-polio population.

Paul, with administrative support from Rachel, will soon begin developing and preparing resources and presentations for the LEOp Clinical Practice Workshops, and formulating a training schedule. All state Polio Networks, as well as a number of key polio-informed health practitioners, will be consulted on the best means of implementing the schedule. This will comprise the annual facilitation of 1 x 5 days Metropolitan Series and 1 x 5 days Regional Series across six state/territory regions. The first Workshop Series should be ready for roll out by the first week of November 2017.

The LEOp Clinical Practice Workshops were successfully trialed in New South Wales during 2015/16, for 140 health practitioners. Funding was from Rotary District 9685, and Melissa McConaghy, Neurological Physiotherapist, [Advance Rehab Centre](http://www.poliohealth.org.au/professional-development-workshops/), prepared and delivered the presentation: www.poliohealth.org.au/professional-development-workshops/ ●

Buddy Call Register

Samantha O'Meara, Polio Australia's Community Engagement and Bequests Coordinator (Page 9, Winter Edition, *Polio Oz News*) has been contacting people who have participated in one or more of Polio Australia's activities (Retreats, Lobbying Campaigns, etc) to see how they are going, and to update them on Polio Australia's activities.

After several similar conversations, Samantha has suggested we develop a "Buddy Call Register" made up of people willing to support each other through regular phone calls.

As we are all aware, it is becoming increasingly problematic for some members of our post-polio community to get out-and-about to attend Post-Polio Support Group meetings (and many groups are no longer meeting regularly), or to talk about how they are managing in their day-to-day lives. However, as we also know, putting two polio survivors together often leads to interesting discussions. So, ideally, in future conversations, Samantha would like to have a list of people she can 'buddy up' if so requested.

If you would like to participate in the "Buddy Call Register" Program, please advise the following details by email and you will be added to the database. Of course, you can also remove your name from this list at any time by sending an advisory email to: office@polioaustralia.org.au.

Your Details

- Full Name:
- Suburb/Town/State:
- Do you have a preference for your 'Buddy' to be in the same state as you?:
- Phone Number/s:
- Email Address:
- Male/Female 'Buddy' Preference?:
- Day/Time Preferences:
- Frequency of Calls Preference (eg. weekly/monthly, etc):

Polio Australia respects your privacy and ensures that all personal information collected will only be used to administer the "Buddy Call Register".

Disclaimer: The "Buddy Call Register" cannot guarantee that every 'buddy' will be the best match, or even have similar interests, in which case you may request another 'buddy'. Polio Australia also recommends against 'buddies' trying to solve difficult problems without suggesting professional help. Having training and experience as a Crisis Supporter through Lifeline, Samantha is able to offer crisis support, but would refer on for more serious situations.



Peter Willcocks from the Bayside Polio Support Group (Victoria) writes:

I am a great supporter of keeping in contact with people who find it difficult to get out and about.

Over the years that I have been involved with the polio community and the MS community visitor scheme, I have developed many friendships and I hope my contacts have provided a sense of being connected.

The Polio Australia 'Buddy Call Register' does not come with all the bells and whistles, like police checks, profile matching and crisis management that some of the more formal schemes have, but I am sure with a bit of flexibility, common sense and respect for others, this linking with other polios will build lasting friendships with people who just find it too hard to get out to experience the sharing that takes place at more formal polio group meetings.

I currently remain in regular contact with a dozen or so folk who no longer attend meetings. I enjoy our chats and do hope that you will give this 'Buddy Call Register a go.' - Peter

Since notice about the 'Buddy Call Register' first went out by email in early August, Samantha has been able to match up a few 'buddies', and we hope they have had some nice chats. However, as Peter mentions in his comments above, it's important to note that this is not a formal 'matchmaking' service, and Samantha's role is purely to align any 'preferences' that have been provided.

If you happen to like dogs or gardens or cooking shows, you can discuss that with your 'buddy', who may or may not share your interests. However, there are always going to be some areas where your lives 'intersect'. You just need to start the conversation! 🌟

Samantha only works for Polio Australia a few hours a week, in between study and other roles. Accordingly, she is most likely to contact people 'after hours' or on the weekend.

Polio Awareness Month: Stories Needed

The 2017 theme for Polio Awareness Month is "Helping polio survivors age with dignity!"



During October, "**We're Still Here!**" is the catchcry of the estimated 400,000 Australians who survived the deadly virus last century.

With the majority of polio survivors locked out of the National Disability Insurance Scheme (NDIS) due to the 65 year cut off, "ageing with dignity" can be complicated when trying to manage the debilitating Late Effects of Polio (LEoP).

The LEoP can cause new muscle weakness and atrophy, chronic fatigue, pain, and respiratory problems. As polio is a disease of the past, there is little knowledge of the LEoP in the health sector today. Those living with the condition are often faced with exorbitant medical

expenses to diagnose and manage the symptoms, as well as the cost of mobility aids and equipment to help maintain their independence.

Polio Australia's vision is for all polio survivors in Australia to have access to appropriate health care, thereby assisting them to age with the dignity they deserve. A recent grant from the Department of Health to fund a LEoP Clinical Practice Workshops Program has brought that goal much closer. Over the next 3 years, Polio Australia plans to upskill up to 3,600 health practitioners across Australia in how to best manage the LEoP for their patients.

Throughout October, Polio Australia and polio survivors throughout Australia will be spreading awareness about the LEoP, and a reminder that "**We're Still Here!**" and **we would like to hear from people who are willing to share their stories with the media.** Please contact Rachel on: Email: rachel@polioaustralia.org.au or Ph: 03 9016 7678 with your contribution.

See "**What's On**" in your state during Polio Awareness Month [here](#).

Active Ageing Conference

By Rachel Ingram, Polio Australia

On Wednesday 30th August, I attended the "Active Ageing Conference" at the Bayview Eden, Melbourne, along with approx. 170 other delegates. This was my first ever conference, so I was nervous and unsure what to expect at first. However, I settled in quickly and engaged in some interesting conversations with a range of individuals from varying backgrounds. The program for the day was broad, with nine varied sessions ranging from: panel discussions; case-studies; interactive sessions; and a number of exhibitors, including Silver Chain Group, Optimise Allied Health and AccessComm.

Each presentation was insightful and every presenter had a slightly different view on active ageing. However, all were positively focused on the ultimate goal of assisting people to age independently, actively and healthily. The presentations that interested me most were:

Helen Tuxworth's presentation on a pilot program titled "Memory Wellness Course". This course encouraged people to participate in "brain training" activities using an iPad. The purpose of this initiative was to reduce the risk of dementia, however, the results proved far more beneficial. The participants, with little to no experience of using technology, used their iPads to connect with family/friends, who they had previously had trouble connecting with.

They learned to take photos of their pets, play piano, and follow their favourite sporting team. This initiative significantly improved connectedness and wellbeing.



Michele Smith's "Active@Home" and Tim Henwood's "Muscling Up Against Disability" presentations. Both of these programs aimed to get older adults engaged in strength training. The programs' outcomes highlighted the positive correlation between strength training and reduced fall risk, decreased risk of developing dementia and increased wellbeing.

In addition, I was able to network with Belinda, an Occupational Therapist from "Optimise Allied Health". Belinda has worked only briefly with polio survivors, however, was very interested to learn about Polio Australia's upcoming LEoP Clinical Practice Workshops and was keen to share this with her network of health professionals.

Overall, I feel very lucky to have had the opportunity to attend the "Active Ageing Conference". It was amazing to be surrounded by such like-minded, positive individuals who are committed to enhancing the active ageing process.

Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 May to 30 June 2017. Without which, we could not pay our rent, outgoing expenses, or management staff!

Hall of Fame

Name	Donation
Dr John and Pam Tierney	\$1,000.00
Anonymous	\$50,000.00
Anonymous	\$10,000.00
Total—\$61,000.00	

General Donations

Names					
Jill Burn	Barbara Burnett	Sue Campbell	Rohan Clark	Jenny Foote	Louisa Fraser
Margaret Kinsella	Chantelle Lowe	Jeanette Muxlow	Syd Polley	Patricia Poock	
Probus Club of Bacchus Marsh	Shirley Ramsay	Dorothy Robinson	Pauline Staples		
Liz Telford	Gillian Thomas	Amy Ting	Jorgen Vagnkjaer		
Total—\$1,695.00					

Rotary Donations

Club	Donation
Rotary District 9640	\$10,000.00— <i>Walk With Me</i> Brisbane
Rotary Club of Hamilton	\$1,000.00— <i>Walk With Me</i> Brisbane
Rotary Club of Albany Creek	\$500.00— <i>Walk With Me</i> Brisbane
Total—\$11,500.00	

Grand Total—\$74,195.00

What Does Financial Support Achieve?

A better equipped organisation, both financially and in human resources, not only allows Polio Australia to run its current programs more effectively, it also facilitates the development of a raft of other innovative programs to ensure Australia's survivors are well supported.

The \$150,000 pa x 3 years from the Department of Health is fully committed to funding the LEOP Clinical Practice Workshops Program. (Read article on Fran Henke's involvement [here](#).)

The \$100,000 pa x 2 years granted by [Spinal Life Australia](#) is for the sole purpose of "*achieving financial security for Polio Australia into the future*". To fulfil this mandate, it is necessary to engage staff whose roles are dedicated to seeking out and securing funding across a range of sources. To this end, we have now contracted Samantha O'Meara as our Bequest Officer, and Sarah Hutson as our Events Coordinator for the *Walk With Me* event in Brisbane.

However, we are still seeking a part-time Fundraising Officer (based in Kew, Victoria) to provide strategic fundraising advice, prepare funding submissions, and take an active role in the engagement and management of relationships, developing partnerships and sponsors to improve financial and philanthropic support. This newly created position provides a meaningful opportunity to play a lead role in the creation of a philanthropic program to build revenue to support the needs of Australia's ageing polio survivors. Do you know someone who could fill this role?

View Position Description and application details here: www.polioaustralia.org.au/fundraising-officer/



Walk With Me Brisbane, Queensland

Brisbane-based Sue MacKenzie sure knows how to have fun in the sun, whilst also raising awareness and funds for polio survivors. 'Walk with Sue' is now in its second year and has already started with a bang, with funds raised now over \$12,000! Considering the 2017 goal was set for \$10,000, this is a fantastic effort!

'Walk with Sue' came about after Polio Australia's President, Dr John Tierney, asked fellow Polio Australia Board Member, Sue, to get it 'up and running' to further polio awareness in the Brisbane community. With the help of her family, Sue organised the inaugural 'Walk with Sue' in 2016, which saw over 40 people joining in on the 'Walk' and raising over \$4000 in donations. Also attending that 'Walk' were members from the New Farm and Albany Creek Rotary Clubs, who have now become valuable supporters of Sue and Polio Australia. They have helped Sue secure numerous opportunities to speak at Rotary Clubs across South East Queensland and to sell the idea of 'Walk with Sue' through: inviting her to tell her polio story; showing the inspiring promotional video from last year's 'Walk'; and asking members for support and donations. Sue's hard work and dedication is a reflection of the funds already raised for this year; so much so, that she has now raised her fundraising goal to \$20,000.

Adding to this year's excitement, Sue has increased her marketing of the event with 'Walk with Sue' promotional postcards to hand out at Rotary Events and Notice Boards and has added some unique sun smart 'Walk with Me' Caps to sell, along with the promotional T-shirts from last year. Sue has also appeared in local newspapers and is soon to have her first radio interview, with more media promotions to come.

On the day, we are expecting another successful turnout, with local politicians Grace Grace MP and Vicki Howard MP already donating fabulous baskets for Raffle Prizes. These local councillors continue their support for post-polio awareness raising, as they feel it is an important senior community matter that needs to be addressed and not forgotten.

This year, Sue is looking forward to meeting more polio survivors and their families, friends and carers at the event and, most importantly, ensuring this fun event provides the opportunity to both interact with and support our post-polio community.

'Walk with Sue' is sure to be a happy and energising day, with all ages welcome. As Sue's granddaughter, Isabelle, said last year, "That was fun, we got to be outside, be active and help Nanny Sue. It feels good to help out".

Walk With Me

Help Sue Mackenzie make a difference and fundraise for Polio Australia through our Brisbane Challenge!

- WHEN:** Saturday 16th September
9.30am for 10am start
- START:** New Farm Park, Area 3
(near Ferry Terminal)
- ROUTE:** New Farm Park, along Brisbane River
- DISTANCE:** 700 metres (return) relaxed walk, wheel or ride
- REFRESHMENTS & ACTIVITIES:** Rotary Club of New Farm Sausage Sizzle, Benji Water, Raffles and Fun in New Farm Park
- REGISTRATION:** \$15 to be paid on the day (accompanied children FREE)
- DONATE:** Whether you are walking on the day or not, you can still support Sue's 'Walk' (Donations for this event will be accepted until 31 December 2017)



L-R: Ron and Christine Williams with Sue at 2016 'Walk'

Visit the website now: www.polioaustralia.org.au/wwm2017-brisbane/ where you can also view the 2016 *Walk With Me* video

All donations are tax deductible and a Polio Australia receipt will be emailed.

Walk With Me Parliament House, Canberra

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 30th November to engage our nation's leaders in this worthy, and healthy, event!

Proposed program

- 10:30am Morning tea for MPs and Polio Survivors, including the official launch of Polio Australia's Australasia-Pacific Post-Polio Conference—*Polio: Life Stage Matters* online resource
- 12:00pm Buffet Lunch in Members and Guests Dining Room
- 1:00pm Walk with Me Activity

Dr John Tierney OAM PhD will be leading Polio Australia's Board, and a number of bipartisan Members, Senators, and fellow polio survivors in the *Walk With Me* event at Parliament House on the 30th 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!

To further highlight this event, Canberra's Malcolm Fraser Bridge will be lit in orange from Tuesday evening 28th November until Fri 1st December 2017!

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



2016 Walk With Me Canberra

Clockwise from top: 'Walkers'; Steve Georganis MP* with Karin Kolenko and Benji; Malcolm Fraser Bridge; Mark Coulton MP*



*Steve and Mark are Co-convenors of the Parliamentary Friends of Polio Survivors Friendship Group

The Sunshine Cure



Frankston Children's Hospital, Mt Eliza, Victoria

Shooting The Past is a new Radio National series that brings you Australian history through a new lens. Each episode features a historical event or era, and starts with a single photograph and the question; what is going on in this picture?

In *"The Sunshine Cure"*, Clare Wright looks deeper into a photograph of a line of small boys lying in hospital beds, staring balefully at the camera, to uncover the forgotten scourge of polio — a disease which ravaged Australia in the first half of the 20th century.

"The Sunshine Cure", is scheduled to air on Radio National on Friday 22 September 2017. However, all 9 episodes can now be downloaded from the Radio National website. Click [this link](#) for the "The Sunshine Cure".

Making Choices, Finding Solutions

Independent Living Centres Australia (ILCA) is a collective network with member ILC's from each Australian state and the ACT.

Member ILC's provide independent, commercially unbiased, actionable information and advice to Government and policy-makers, and raise awareness of the role that Assistive Technology plays in enabling whole life participation in the broader community.

Member ILC's passionately pursue systematic engagement for the effective use of Assistive Technology in the broader community.

Member ILC's work collaboratively and collegially in the development and sharing of professional evidence based on knowledge in application of Assistive Technology optimising outcomes in the broader community.

These days, the extensive range of home modifications that can be made to assist you in your everyday living, pacing, and energy conservation is exceptional.

The Independent Living Centre WA has produced the *"Making Choices, Finding Solutions"* guide, which will help you identify a range of assistive technologies that may be beneficial. The guide also provides costs and where you can purchase these technologies.

Access the guide: <http://ilc.com.au/making-choices-finding-solutions-guide/>



Making Choices, Finding Solutions

A guide to assistive equipment and home modification options for your safety, independence and wellbeing



"Everything we do really has something to do with aids, assistive technology. The ordinary things that we use all the time have become part of our lives and it is very awkward without them." Hal and Freda (97)

Find your state ILC here: http://ilcaustralia.org.au/contact_us

Mobility Scooters Banned From Public Transport

Source: Scooters Australia Media Release
- 12 July 2017

Standards Australia has released a draft standard for mobility scooters that effectively bans them from being used on public transport. The new standard is open to public comment until August 7th. A new "Blue" label will be required for all mobility scooter users to obtain access to public transport. This label will only be issued to those scooters that can meet a very limited turning circle capacity.

According to Peter Fraser, the Managing Director of Scooters Australia, one of the oldest retailers of mobility products, it will be very difficult for any mobility scooter to meet these requirements.

"The problem is that there are almost no mobility scooters on the market anywhere in the world that would be able to meet that standard", said Mr Fraser. *"Not even small compact scooters specially designed for public transport would be eligible for a blue label",* he said.

The draft standard requires mobility scooters and electric wheelchairs to be able to do a u-turn within a 1500mm radius, after reversing into a small parking area on the train or bus.

"While some small electric wheelchairs might be able to manoeuvre into this tight spot, it's almost impossible to do this with even a compact mobility scooter", said Mr Fraser. *"It seems like Standards Australia are not interested in looking at how this will affect all those scooter owners who want to use public transport of any kind, even trains where there is plenty of room to park and manoeuvre the scooter",* he said.

Mr Fraser said that the mobility scooter market has changed considerably over the last twenty years with a much greater emphasis on travel and advances in scooter design that specifically target the travel market. Portable scooters now make up nearly 30% of sales, whereas 20 years ago it was not much more than 5%. With a healthier older demographic and baby boomers moving into retirement, a new market segment has opened up in travel mobility.

"People now take their folding scooters overseas on aeroplanes, or on cruise ships, and naturally want to be able to use them on public transport", said Mr Fraser. *"But with these new standards being proposed, a whole segment of the community in Australia will be prohibited from using public transport just because they need to use a mobility scooter",* he said.

"That will impact on overseas travellers coming to Australia who use a mobility scooter, and will make it that much harder for Australians who want to take their scooter overseas on holidays", he said *"It's even arguable that the new standard might outlaw all portable and compact scooters because of other proposed restrictions, and that would seriously disadvantage even more people using mobility scooters",* said Mr Fraser.

More information: www.scootersaus.com.au/images/PDFs/Draft_standard.pdf

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Spinal Injections

And Sciatica vs Sacro Iliac Pain

By Dr William DeMayo, MD

[PA Polio Network](#) (Pennsylvania, USA) emails regular newsletters with many excellent articles, including "DeMayo's Q&A Clinic: Monthly Articles from Dr William DeMayo". The following article from Dr William DeMayo is on the topic of Spinal Injections. Here is the summary:

Question:

I have terrible pain in my lumbar spine. My medical doctor recommended I see a Spine Doctor. Two MRI's, showed bulging discs and curvature in my spine. He recommended spinal injections. After two, I was still in pain, so he asked me to come back for one more injection. While I was lying face down and supposed to be sedated mildly he injected the needle into my lumbar. I could feel the pain shooting down the

back of what has always been my "stronger" leg. I've been having shooting pain in that leg every day since last October when I received the injection. I'm diabetic and these shots ran my sugar up. I'm very discouraged.

Reply:

The above letter brings up the common issue of back pain combined with radiating leg pain. In a future article I hope to discuss specific clinical issues including how to differentiate Sciatica (nerve root impingement by a disc) from Sacro Iliac joint – both can cause back pain and leg pain. In this article, I thought it would be helpful to remark on a few key phrases and words in the letter that might be helpful to readers in similar situations. These may reflect some common patient misperceptions and therefore present the opportunity for education. More [here](#). ●

We Need More Doctors With Disabilities

By Dr Kenneth W. Lin, MD, MPH

Source: medscape.com – 21 August 2017



I'm Dr Kenny Lin, a family physician at Georgetown University Medical Center in Washington, DC, and I blog at [Common Sense Family Doctor](#).

When I purchased my current disability insurance policy after completing my fellowship training, my financial advisor pointed out that the policy was "occupation specific"—that is, I would receive payments if I suffered any injury that prevented me from practicing family medicine, even if I was able to transition to another income-generating career. Healthy and still in my twenties, it was then hard for me to imagine becoming disabled from doctoring but still able to pursue another occupation. Perhaps an injury that affected my eyesight or hearing, he suggested, or impaired my speech or ability to move my arms and legs.

Although it was brief and a long time ago, this discussion stayed in the back of my mind. When general practices relied on house calls to pay the bills, and there was little technology to support the doctor beyond what he or she could carry in a small black bag, a physical disability could easily have been disqualifying to practice

medicine. But most doctors today are hospital- or office-based, telehealth visits are becoming increasingly common, and nearly all basic diagnostics are available as apps or portable devices that can be used with smartphones.

In an article published in *Slate*, Nathan Kohrman argued that it no longer makes sense to discourage people with disabilities from becoming doctors. Although nearly one fifth of the US population has some kind of disability, less than 3% of medical school enrollees do, which, Kohrman pointed out, "makes them one of the most underrepresented groups in American higher education."

When admissions officers talk about recruiting a diverse medical student body, they are usually referring to characteristics such as race, socioeconomic status, gender and gender identity, and sexual orientation. We know that underrepresentation of certain groups within the physician population contributes to health disparities in the general population.

This may be the case for persons with disabilities also, as Dr Dhruv Khullar has observed: *People with disabilities are less likely to receive routine medical care, including cancer screening, flu vaccines and vision and dental exams. They have higher rates of unaddressed cardiovascular risk factors like obesity, smoking and hypertension.*

In a reflective essay in *Health Affairs*, Dr Leana Wen described an incident during her emergency medicine residency when a senior resident misunderstood and ridiculed a stuttering patient.

(cont'd P 13)

We Need More Doctors With Disabilities *(cont'd from P12)*

Dr Wen's own experience as a person who stutters was critical to her being able to diagnose the patient as someone who was not actually having chest pain but was simply struggling to overcome his disability in a pressured situation. Not only was Dr Wen able to later educate her senior resident about appropriate behavior toward patients with disabilities, but she also put together a seminar for other medical trainees.

It is important to sensitize all medical trainees to obstacles to care that persons with disabilities face, but it's even more important to recognize that doctors with physical disabilities can themselves contribute positively toward removing these obstacles.

A friend and medical school classmate of mine is hearing-impaired. She was fine in one-on-one conversations but had a harder time understanding speech in large lecture halls. I remember that she needed to approach each of our preclinical lecturers to ask them to use a special microphone, and she used an amplified stethoscope on her clinical rotations. She graduated with honors and is now a pediatric otolaryngologist. The world would be better off if we had more doctors like her, and that will only happen if medical schools actively recruit doctors with disabilities. 🌟

Long-Term Bisphosphonate Use

The following text is a segment of a research study into the long-term use of bisphosphonate treatment, which could have implications on our post-polio community. If this study raises concerns for you, please discuss with your GP.

Long-Term Bisphosphonate Use Degrades Cortical Bone

Source: Proceedings of the National Academy of Sciences of the United States of America - 29 June 2017

Authors: Ashley A. Lloyd, Bernd Gludovatz, Christoph Riedel, Emma A. Luengo, Rehan Saiyed, Eric Marty, Dean G. Lorch, Joseph M. Lane, Robert O. Ritchie, Björn Busse, and Eve Donnelly

Abstract

Bisphosphonates are the most widely prescribed pharmacologic treatment for osteoporosis and reduce fracture risk in postmenopausal women by up to 50%. However, in the past decade these drugs have been associated with atypical femoral fractures (AFFs), rare fractures with a transverse, brittle morphology. The unusual fracture morphology suggests that bisphosphonate treatment may impair toughening mechanisms in cortical bone. The objective of this study was to compare the compositional and mechanical properties of bone biopsies from bisphosphonate-treated patients with AFFs to those from patients with typical osteoporotic fractures with and without bisphosphonate treatment.

Discussion

Since the first reports of AFFs the risk associated with long-term bisphosphonate treatment has become increasingly well-established. However, the etiology of this rare

fracture type and its causal relationship to bisphosphonate treatment was unknown. In the current study, using tissue from women who experienced AFFs after long-term bisphosphonate treatment, we have shown evidence that long-term bisphosphonate treatment acts to degrade the fracture-resistance toughening mechanisms inherent to healthy bone.

Conclusion

This study suggests that decreasing bone turnover through long-term antiresorptive treatment not only changes bone's nanoscale material properties but also affects toughness on the length scale of hundreds of micrometers through reductions in extrinsic and intrinsic toughening mechanisms. Despite this, the risk-to-benefit ratio of bisphosphonate treatment remains highly favorable for patients with osteoporosis. Thus, our work contributes to an evolving understanding of the complex effects of long-term bisphosphonate treatment on bone tissue properties and can inform guidelines for timing and duration of treatment for patients at risk for fracture.

Read the full PDF [here](#). 🌟



Damp, Mouldy Homes Tied to Chronic Inflammation

By Carolyn Crist

Source: Medscape
– 25 July 2017

(Reuters Health) – People living in homes with water damage, damp floors or visible mould are more likely to have chronic sinus problems and bronchitis, as well as allergies, asthma and other breathing disorders, according to a large study from Sweden.

About 11 percent of homes in the study had visible signs of dampness - and the more signs were present, the higher the likelihood that residents had nose, throat and lung-related health problems, according to the report in Clinical and Experimental Allergy.

"A lot of papers show an association between asthma-related symptoms and building dampness. What's new is the association between chronic inflammation and building dampness", said senior study author Christer Janson of Uppsala University.

"This is an important finding as chronic inflammation is quite a common condition with a very negative side effect on quality of life", he told Reuters Health by email. *"We were surprised that the association with building dampness was so strong".*

The researchers analyzed data from more than 26,000 adults in four Swedish cities who responded to a questionnaire about respiratory symptoms, smoking, education and environmental exposures. In particular, the study team was interested in chronic rhinosinusitis (CRS).

They identified dampness by asking about visible water damage, floor dampness or visible mould seen in the home during the last 12 months and gave participants a dampness exposure score based on how many of these signs were present.

A total of 2,992 people, or 11.3%, reported any signs of dampness. For 8.3% of the study participants, one sign was present, for 2.3% there were two signs and for 0.7% all three signs were seen in the home.

Reported dampness was more common in humid or mild climates, as compared to areas of the country with longer, colder winters. People reporting damp homes were more likely to be women, unemployed or full-time students, smokers and less likely to be retired.

Compared to nonsmokers with no signs of dampness at home, nonsmokers with any dampness signs were 90% more likely to have nighttime shortness of breath, 77% more likely to have chronic rhinosinusitis and 67% more



likely to have chronic bronchitis. They also had higher rates of wheeze, nighttime coughing, asthma and allergies.

For chronic rhinosinusitis, the authors note, the degree of increased risk from dampness for nonsmokers was about the same as the effect of smoking for people without dampness in the home.

"I found it both interesting and alarming that the adverse effects were stronger among people with low socioeconomic status due to limited possibilities for moving to a better home or making needed renovations", said Jouni Jaakkola of the University of Oulu in Finland, who wasn't involved in the study.

Future studies should look at long-term results to better understand cause and effect with dampness at home, Jaakkola told Reuters Health by email.

"Cross-sectional studies (like this one) may underestimate the effects if people who get symptoms in damp homes change to better homes", he said. *"This probably explains the interaction between socioeconomic status and damp problems".*

Janson and Jaakkola recommended several online resources to help people prevent dampness and mould problems. The U.S. Environmental Protection Agency, for example, has a mould-control primer on EPA.gov (<http://bit.ly/29fxO4Y>) and so does the U.S. Centers for Disease Control and Prevention on the CDC.gov website (<http://bit.ly/2lxArWu>). The World Health Organization offers brochures in PDF format on its European website here: (<http://bit.ly/10VfGJq>) and here: (<http://bit.ly/2nGrpH4>).

These resources recommend locating moisture problems, removing moulds and controlling excessive water and condensation at home. Leaky pipes and roofs are often the biggest issues, the WHO notes. Professional help may be needed for leaks in building structure, sewage and air ducts, otherwise mould-removal can be done at home with a protective mask, goggles and rubber gloves, according to the EPA.

A mild detergent can remove the mould, followed by a full-room wet wiping or vacuuming after the spores are sealed in a plastic trash bag.

"If there are signs of building dampness in your home or you have water damage, get professional help and try to fix it as soon as possible", Janson said.

Clinical and Experimental Allergy, online July 11, 2017: <http://bit.ly/2usUI4P>

Universal Design Forum Adelaide


**universal
 design forum**
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**26 October 2017
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Universal design is a world-wide movement creating environments, products, services and technology that can be used by as many people as possible without adaptation.

The concept of universal design is increasingly evident in Australian policy and planning documents at all levels of government. However, there is a paucity of information about the concept and where to go for information. This forum will focus on the built environment, which includes housing, public buildings, public spaces and parks

Topics will include: issues related to universal

design in planning, the public domain, housing, tourist and recreation venues, and outdoor areas. Our aim is to make the universal design forum in Adelaide a creative and diverse meeting place for both speakers and participants. We want to encourage conversations about how to create more inclusive environments. This forum will provide a valuable exchange of ideas, research and solutions as well as establishing connections and networks for future innovation in universal design in Australia.

In this forum, experts in the built environment come together to share and expand their knowledge of universal design, and how we can utilise it to make homes and environments more useable, accessible, safer and convenient for everyone.

Recommended for public and private sector, local government, advocacy and the construction, architecture and design industries.

<http://universaldesignforum.com.au/>



Australian Orthotic Prosthetic Association Congress



The AOPA 2017 Congress is the premiere orthotic and prosthetic education and networking event in Australia and brings together over 400 orthotist/prosthetists, researchers, consumers, medical and allied health professionals and students as well as local and

international exhibitors. This is an essential event for anyone with an interest in the orthotic/prosthetic profession to explore the latest developments and get involved in the industry.

With record breaking attendance at last year's Congress, AOPA has set out to make this year's event even bigger and better. The 2017 national Congress, [#AOPA17](#), will bring together over 300 orthotic/prosthetic professionals who will focus on *collaborating for the future*. This year, the Congress will be very close to the action, held at the vibrant [Crown Promenade](#) in Melbourne. With [six concurrent workshop sessions](#), leading Australian [keynote speakers](#), the highest ever number of abstract submissions, the largest ever exhibitor space and a range of [international exhibitors](#) - it's guaranteed that this will be an event you won't want to miss! 🌟

Immunisation Rates For Children As Low As 70%



PHOTO: Rates in inner Sydney were even lower than Byron Bay. (ABC News: Gregor Salmon)

The World Today
By Katherine Gregory

Source: www.abc.net.au — 8 June 2017

On a national scale, more Australian children are being immunised than ever before — but the picture changes with a closer look at postcodes, with rates as low as 70 per cent in some inner-city suburbs.

The Australian Institute of Health and Welfare (AIHW) report says for the first time all major primary health zones in Australia have vaccination rates above 90 per cent.

"Our report shows that immunisation rates are improving, and that currently 93 per cent of five year olds were fully immunised in 2015/2016," AIHW spokesperson Ann Hunt said. She said that was an increase from 90 per cent in 2011/2012, but it was still below the national target of 95 per cent.

Worst performing postcodes:

- NSW 2000 — 70.5
- NSW 2134 — 72.8
- NSW 2481 — 73.2

Best performing postcodes:

- NSW 2517 — 99.5
- WA 6725 — 99.2
- VIC 3351 — 99.1
- VIC 3691 — 99.1
- QLD 4390 — 99.1

And while the national rates looked good, Ms Hunt said they had found a different story when taking a closer look at results for individual suburbs and towns. "Some of the postcodes with the highest rates of immunisation were Woonona in New South Wales with rates at 99.5 per cent, and Broome in Western Australia with 99.2 per cent," she said.

At the other end of the spectrum, some of the

postcodes with the lowest rates was in the Sydney central business district at 70.5 per cent, and in Burwood NSW at 72.8 per cent. Rates in inner Sydney were even lower than Byron Bay (73.2 per cent) — renowned for being an area resistant to vaccination.

Improvement in low rate postcodes

Ms Hunt said while the more macro levels of the NSW north coast and the Gold Coast still had the lowest rates of immunisation, they had improved over the last five years.

Professor Peter McIntyre, director at the National Centre for Immunisation Research, said the shift was the most significant part of the report's findings.

Professor McIntyre said some areas within those regions had previously had immunisation rates as low as 78 per cent.

"But now the lowest one of these areas is close to 85 per cent, so I think that is a striking difference," he said. "I mean it's nice to be able to talk about what our coverage is as a country or at state level. But it's even more important to say well how many small areas have we got where the coverage is not quite where we would like it to be. What we really need to be paying attention to is, how many areas do we still have where coverage is actually quite a bit lower than that — less than 85 per cent in particular. And the fact that we have very few of those now is encouraging."

Evidence 'no jab no pay' policy worked: Professor McIntyre

Over the years childhood vaccination rates has become a hot political issue. At the beginning of last year the Federal Government introduced the 'no jab no pay' policy, which stipulated parents could only get welfare benefits if their children were immunised.

Some doctors argued the policy was too hardline, that it would inevitably marginalise refugee communities or families who might lack continued access to medical care.

Professor McIntyre said though the 'no jab no pay' policy could further disadvantage some children, he believed it had made a difference in the short time of its existence.

"With just the six-month period, we've seen a similar jump of almost 2 per cent with the changes from removing conscientious objection," he said. "There's definitely suggestive evidence there. And I think this backs up some of the press releases which the Government has made, talking about the number of additional immunised children since no job no pay was introduced."

Professor McIntyre said that those figures could also reflect a growing suspicion of the anti-vaccination message. ●

Australian Support For Global Polio Eradication

**Minister For Foreign Affairs
The Hon Julie Bishop MP**

Source: [Media Release](#) — 9 June 2017



Today I announce that the Australian Government will contribute new funding to the Global Polio Eradication Initiative (GPEI) to help the global fight to end polio.

We will provide a further \$18 million over two years (2019-2020) to contribute to ending polio transmission in the last remaining countries of Afghanistan, Pakistan and Nigeria. Australian funding to GPEI will purchase and distribute polio vaccines; support polio surveillance and monitoring; fund immunisation campaigns and strengthen routine immunisation systems.

Through the work of GPEI and donors, including Australia, an estimated 16 million people are active who would have otherwise been paralysed by polio, and the world has saved more than US\$27 billion in health costs.

The Australian Government is proud to continue our support to this important global initiative, and this announcement brings Australia's total funding for GPEI to \$104 million since 2011.

The world has made great gains in the fight against polio. The incidence of the disease has decreased by more than 99 per cent since 1988, with just five recorded cases of polio so far in 2017.

It is important that this success is continued to the point where there are no new polio cases. If even a single case remains, there is a risk that polio could resurge and spread to countries that are presently polio-free. If we successfully end polio, it will join smallpox as the only human diseases to be permanently eradicated from the world. 🌐

Plant Based Polio Vaccines

In a Major Breakthrough, Scientists Can Create Polio Vaccines in Plants

By Madison Feser

Source: [globalcitizen.org](#) – 15 August 2017

The new vaccine will be a major game-changer in polio eradication.

Once a global pandemic, polio has been nearly eradicated across the globe. But civil conflicts, parents refusing to have their children vaccinated, and new strains of polio resistant to traditional vaccines has made truly eliminating the virus difficult.

Researchers at the John Innes Centre hope to contribute to the polio elimination effort with a breakthrough involving genetically modified plants.

The team manipulated the genetic code of a tobacco-plant relative so that it would produce a new form of the polio vaccine.

Global Citizen campaigns for the eradication of polio by calling on donors to commit hundreds of millions of dollars to go toward training health workers, acquiring vaccines, and building infrastructure. You can join the call to action here.

This latest vaccine is extracted from the plant's leaves after they are blended and mixed with water. This form of the vaccine was successful in preventing polio in animals during test studies.

Although the plant may not convince anti-vaxxers of the necessity of vaccinations, it has potential to alleviate the other two major eradication inhibitors.

Should this form of vaccination become widely accepted, it will make distribution easier as clinics could simply use the "vaccine-plant" rather than wait for shipments of vaccines from aid organizations; which often cannot reach remote areas blocked off by fighting within nations.

Furthermore, current methods of creating polio vaccines carries unnecessary risk of re-introducing the paralysis-inducing disease.

Dr Andrew Macadam, principal scientist at the UK's National Institute for Biological Standards and Control, told BBC that "*current vaccines for polio are produced from large amounts of live virus, which carries a threat of accidental escape and re-introduction*".

The new "vaccine-plant" does not require the live virus and is cheaper to manufacture than traditional polio vaccines.

Plant Based Polio Vaccines (cont'd from P17)



Since 1988, the number of new polio cases has dropped from more than 350,000 to just 37, according to [WHO](#), which funded the “vaccine-plant” project. But leaving even one child unvaccinated, WHO warns, could start another epidemic leading to 200,000 new cases every year.

Professor George Lomonosoff, from the John Innes Centre, [told BBC](#) that the research has the potential to be applied to diseases like Zika and Ebola, as well as future epidemics.

All that scientists need to create a “vaccine-plant” is the specific genetic code of an offending virus.

With nearly no human vaccines produced in plants and few plant-based vaccine manufactures, getting the vaccine to human clinical trials proves to be a large obstacle in making the “vaccine-plant” a mainstream form of vaccination.

“This is an important achievement,” [said Denis Murphy](#), a professor of biotechnology at the University of South Wales. *“The challenge is now to optimise the plant expression system and to move towards clinical trials of the new vaccine.”*

With the progress demonstrated in the animal trials, inexpensive cost of production, and potential to alleviate problems with current polio vaccination methods, hopefully the “vaccine-plant” is deemed worthy of clinical trials. Then it can help the world rid this disease once and for all.

More information: Johanna Marsian et al. Plant-made polio type 3 stabilized VLPs—a candidate synthetic polio vaccine, *Nature Communications* (2017). DOI: [10.1038/s41467-017-00090-w](https://doi.org/10.1038/s41467-017-00090-w)

Journal reference: [Nature Communications](#) 🌐

Syria Polio Cases Rise To 33

By **NEWS DESK**

Source: outbreaknewstoday.com
— 21 August 2017

In a follow-up on the circulating vaccine-derived poliovirus type 2 (cVDPV2) situation in Syria, three new cases were officially reported in the past week, according to the Global Polio Eradication Initiative (GPEI). This brings the total to 33.

Onset of paralysis of these cases is between 3 March and 10 July. Thirty-one of the cases are from Deir-Ez-Zour governorate (29 from Mayadeen district, one from Deir-Ez-Zour district and one from Boukamal district); one case is from Talabyad district, Raqqa governorate; and, one is from Tadmour district in Homs governorate.

The first mOPV2 round in Deir-Ez-Zour was successfully carried out between 22-26 July. Independent post-campaign monitoring reflected coverage of 88.4% (based on caregiver recall). The second round is planned for 19-23 August, and will include mOPV2 and IPV.

Raqqa Governorate started mOPV2 campaigns on 12 August.



In addition, Afghanistan reported their sixth wild poliovirus type 1 (WPV1) case of the year. The case was reported in Zabul province, neighboring Kandahar province and Pakistan. 🌐

Polio This Week

Source: [Polio Global Eradication Initiative](#) — as of Wednesday 30 August 2017

Summary of newly-reported viruses this week: Pakistan: two new wild poliovirus type 1 (WPV1) environmental positive samples; Syria: six new circulating vaccine-derived poliovirus type 2 (cVDPV2) cases; and, DR Congo: one new cVDPV2 case. See country-specific sections for further details on these officially-reported viruses this week. Additionally, pre-notification was received this week of a new WPV1 case from Karachi, Pakistan, the first in Karachi since January 2016. The case will be officially reflected in next week's global data reporting.

Wild poliovirus type 1 and Circulating vaccine-derived poliovirus cases

Total cases	Year-to-date 2017		Year-to-date 2016			Total in 2016	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	
Globally	9	40	21	3	37	5	
—In Endemic Countries	9	0	21	0	37	2	
—In Non-Endemic Countries	0	40	0	3	0	3	

Case breakdown by country

Countries	Year-to-date 2017		Year-to-date 2016		Total in 2016		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Afghanistan	6	0	6	0	13	0	10 Jul 2017	N/A
Democratic Republic Of The Congo	0	7	0	0	0	0	N/A	13 Jun 2017
Lao People's Democratic Republic	0	0	0	3	0	3	N/A	11 Jan 2016
Nigeria	0	0	2	0	4	1	21 Aug 2016	28 Oct 2016
Pakistan	2	0	13	0	20	1	11 Jun 2017	17 Dec 2016
Syrian Arab Republic	0	33	0	0	0	0	N/A	10 Jul 2017

