



## DIET HAS LEGS

**I want to raise the delicate subject of diet and exercise for polio veterans. Obesity has become one of my hate words – its misuse has caused children to develop eating disorders and to be bullied. It has also caused adults to lose self esteem and drive. Exercise is another word many of us groan about when raised by health professionals. I had a phobia about both and am on the way to being repaired.**

First the 'O' word. A friend arrived at home two years ago, 11kgs lighter. We couldn't believe it. A dairy farmer and a very tall man with a crook hip, he had been on the Tony Ferguson diet for just a few weeks. It was affordable and I decided to try it - just for a month... it didn't depend on exercise for success, I believed.

My first goal was to lose four kilos. I thought that would be miracle enough. I'd been on so many diets over the years, any reduction would be acceptable. Four kilos went quickly, then 10, then 20. I was in heaven – except for the fact that my pelvis kept on going out with the change of balance. I was at the chiropractor at least once a week. Suddenly my frame became use to the shape and clicked into place. It cost a fortune to have good clothes altered from sizes 22 and 24 to size 14 – five bags of 'tents' went to the Salvos.

With new found confidence, enjoying getting dressed in the morning, I enrolled for tertiary education. Thanks to polio, primary and secondary education had been a shambles, I barely passed leaving, failed Matric. I always felt I'd missed out on a proper education, despite having educated myself, written for national newspapers and magazines, 11 gardening books and being a published poet. So I enrolled in Visual Arts at Chisholm TAFE, Frankston – a university course would have been beyond me, my level of concentration had become so poor.

Around the same time I attended a polio meeting in Sydney and roomed with world traveller Jill Pickering, who needed to lie 12 hours flat in order to do the things she wanted to do in life. So I followed suit - my head cleared! The poor concentration was actually chronic exhaustion from driving myself too hard, the way we do. I resolved to lie at least 10 hours flat per day, given my late effects weren't as severe as Jill's.

So to the course - thanks to Polio Day I'd spoken to a Centrelink rep who'd told me about a mobility allowance for people undertaking study. I'd also swallowed my pride and acquired a disabled parking permit. This let me park close to the college but the amount of walking from car to classrooms, lockers and canteen was more than I'd done for many many years. At first I was exhausted but then the body caught up and I could make it to the canteen with my stick on bad days, without on better ones. Missing out on the parking place one day I had to park where most of the other students do - blocks away from the college. Made the trip, stood for two hours on and off at the easel and just made it back to the car. (You know that feeling of thinking you'll never get back, watching out for street benches and low fences to sit on? Yup.)

So the incentive of the dream-full filling result of the diet and the course have shown that I can change my eating habits and can walk further than I told myself I could. I have seen many dreadfully overweight polio survivors

in chairs and on sticks. I know what stress the extra weight puts on heart and shoulders. It also affects the bowels for people sitting by profession (truck drivers, office workers) or by physical necessity.

There are many diet products on the market. Not many are affordable for people on pensions. But there are simple ways to remove weight and to keep it off. I gave up all bread, potatoes, rice, pasta, biscuits, coffee, wine etc. for the duration of the diet. I ate lots of protein, fruit, sugar free sweets and chocolate for treats. Most importantly I realised that my habit had been when thirsty, I'd eat. Now I drink at least six to eight glasses of water a day. In winter this drops to four to six glasses, the balance made up with weak black lemon tea.

Having lost 25 kilos at under 5ft tall, going from 84kgs to 59kgs - I am on maintenance for life. I allow myself bread at one meal a day, small serving of potato on a different day, still drinking as much as possible, and eating more fruit and vegetables than meat and carbs.

I've heard many people say "Oh I couldn't give up MY toast or MY coffee"! But you can - just for two weeks, then three, then you find it doesn't matter any more - you are freed from food conditionings.

As for 'Exercise', we know that over-exercise depletes what muscles we've got left, but do something interesting – water aerobics/hydrotherapy is fun for example, as long as you bail out after 15 or 20 minutes until you build up new strength.

I wanted to share this story in the hope it inspires others to make similar life changing, sustaining and satisfying changes. Over to you.

BY FRAN HENKE

BEFORE



AFTER



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# Polio Perspectives

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### PAC Meeting Dates 2008

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- October 31
- November 28

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Polio Network Victoria:

• Direct Line 9418 0411  
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Equipment Program 1800 783 783

## From the Editor



I almost fell off my chair when my work colleague who edits ParaQuad Victoria's *Inform* newsletter reminded me that it was *that* time again. Of course, the Winter edition was late because of the 'big tour' which some people have had the gall to call a 'holiday!' Consequently, I was sure I had another month to go.

However, this is probably really good timing to once again promote 'Polio Awareness Month' in October and encourage you all to send in your booking forms. As you will see on pages 6 & 7, we have managed to organise an absolute smorgasbord of health and community service providers for the afternoon session, who are all keen to meet with you and discuss how your needs can be met at a local level.

August was Spinal Injuries Association 'Post Polio Awareness Week' in Queensland and I was privileged to be invited north to discuss my learnings from the Churchill Fellowship Study Tour. This was also a good opportunity to test how my presentation worked before running it in Victoria. I visited 6 venues in 4 days and both the Member Groups Co-ordinator, Jo Toia, and I were exhausted but pleased with the results at the end of the week. Day 1 was Gold Coast and Toowoomba, Day 2 was Townsville, Day 3 was Cairns, Day 4 was Sunshine Coast and Brisbane. Apart from Brisbane, there were over 20 people at each talk – many of them new to QLD's Post Polio Network. Once again, this proves that there are many more people looking for information than the funding bodies realise . . .

I will also be speaking to groups in **Tasmania from 16 to 18 September** taking in Ulverstone, Launceston and Hobart. For details contact Arthur Dobson at Post Polio Network – Tasmania Inc Ph: (03) 6330 2961 or Email: polio.tas@microtech.com.au

I have now completed my **Churchill Fellowship Report**, sent it to all Victorian Polio Support Groups, Australian Polio Networks, and the people I visited, and uploaded it onto the Polio Network website: [www.polionetworkvic.asn.au](http://www.polionetworkvic.asn.au)

During the chilly winter months, I visited with some hardy **Polio Support Group** members from the Northern Region (Coburg), Eastern Region (Box Hill), the new Bayside group, Hume (Wangaratta), Traralgon, Geelong and new Echuca group. It can be a real struggle getting out during that time of year but the comradeship I witness at these meetings appears to make it well worth the effort.

During a teleconference between all states in August, 5 of the 6 Australian Polio Network representatives voted to accept the draft **Polio Australia** Constitution, authorised the Incorporation of Polio Australia and the appointment of a Public Officer. NSW representatives have been busy putting together a funding proposal which will be taken to Canberra for submission and possible discussion. Alas, due to a few points of contention with the Constitution, together with a limited timeline, Victoria was unable to sign up at that time. We hope this can be resolved in the near future. •

MARY-ANN LIETHOF

## Vale - 'Miss' Betty Fussell

It is with sadness that I advise reading three 'Death Notices' that were posted in *The Age* by Betty Fussell's family following her death on August 21, 2008.

I'm sure all polio survivors who had anything to do with the gentle 'Miss Fussell' during their rehabilitation will join Betty's family in mourning her passing. The Polio Network was privileged to have had Betty as Key Note Speaker at our 2005 Polio Day and Mary Reid wrote the following introduction for her:

*Betty has spent the greater part of her working years caring for Polio's. This long involvement began in 1948 when she was appointed as 'Itinerant Physio for Polio's at the Children's Hospital' later to become joint senior physio, later to become senior physio.*

*In 1953 Betty after spending 12 months overseas Betty returned to take up the position of deputy to Miss Farnbach in the Polio Division of the Health Department of Victoria. In 1967 Miss Farnbach retired, and Betty was then appointed to the senior position, working mainly Lady Dugan Home Malvern.*

*In 1986 after a long career caring for Polio's Betty retired, only to continue her work by collecting the oral history of for the Physiotherapy Association that contained many references to Polio. Her interest in polio survivors continues to this day as she prepares materials as a basis for a history of Polio in Victoria, which she hopes will be published one day.*

We would be very interested to know how far Betty got with her 'history of Polio in Victoria' and fervently hope that her collection finds the right home for this wish to be realised.



# Polio Services Victoria

## PSV Staff Changes

### ➤ Farewell Dr Genevieve Kennedy

It is with sadness that this month we farewell Dr Genevieve Kennedy, the PSV Rehabilitation Physician who has been with the service since its inception in 1998. Genevieve's expertise and dedication have been invaluable to PSV over the past 10 years. We wish her all the best with her new position at the Peter James Centre.

### ➤ Thank you Priya Davis

Priya Davis has been working with PSV to reduce our waiting list for orthotic management. This fixed-term position unfortunately finishes at the end of June 2008. We thank Priya for her wonderful contribution to PSV and we keep our fingers crossed that she will join PSV again in the future.

### ➤ Welcome Dr Penny Smith

Dr Penny Smith commences in PSV in July 2008. She will attend the metropolitan PSV clinics on Tuesday afternoons. Penny has worked in the medical specialist position with PSV on a previous occasion when Genevieve was on long service leave. We welcome Penny back to PSV and thank her for supporting the service whilst recruitment for a permanent PSV medical specialist is underway.

## PSV Relationship with DHS

Since it was established, Polio Services Victoria was funded by the Disability Services Division of the Department of Human Services (DHS). In March 2008, PSV was transferred to be funded by the Metropolitan Health and Aged Care Services Division of the DHS. PSV is better suited to this division because PSV provides a health service, not a disability service.

## PSV Team 2008

➤ **Jane Henderson – Service Coordinator and Physio**  
Monday – Friday 9288 3900

➤ **Darren Pereira – Orthotist**  
Monday – Wednesday 9288 3838

**Note:** Darren is about to publish an information website on orthotics for polio clients. The web address is: [www.polio-orthotics.com.au](http://www.polio-orthotics.com.au)

➤ **Margaret Petkoff – Occupational Therapist**  
Monday & Thursday 9288 3900

➤ **Dr Penelope Smith – Medical Specialist**  
Tuesday clinics only 9288 3900 (Locum from July 2008)

PSV sought this change in divisions because the Disability Services Division was not familiar with the model of service provided by PSV, nor the resources required to provide the service. It is hoped that our relationship with our new division of the DHS will be one of greater understanding.

## Medicare Billing

PSV introduced Medicare billing for PSV Clinics in September 2007. PSV Clients will have no out-of-pocket expenses for clinic appointments, because all assessments and consultations will be bulk billed. This means the cost will be covered by Medicare. What do you need to do?

- ➊ You now need a referral from your general practitioner (GP) to attend the PSV Clinic. Please ensure it includes the name, address and provider number of your GP. Please ask your GP to address the referral letter to: Polio Services Victoria  
St Vincent's Hospital Melbourne, P.O. Box 2900, Fitzroy, Vic. 3065  
**OR fax it to:** (03) 9288 3808
- ➋ Please bring your Medicare card to your appointment.

## \$2.5 million vehicle scheme for people with a disability

Press Release June 2008

### More than 220 Victorians with a disability and their families are set to benefit from easier vehicle transport under a new Brumby Government subsidy.

Community Services Minister Lisa Neville announced that under the \$2.5 million scheme, financial assistance will be available for the first time for private vehicle modifications.

"The Brumby Government is taking action to support people with disabilities and the vehicle modification subsidy scheme is an important initiative in increasing independence and community participation for Victorians with a disability," Ms Neville said.

"It continues the Government's commitment to providing more support for people with a disability and easing the pressures on families and carers."

"The subsidy will assist people with a disability who require modifications to drive or travel as a passenger in their vehicle. A maximum subsidy of up to \$10,000 will be available to assist people with a disability to convert their car for wheelchair access. This will give people with a disability mobility and freedom, allowing them to



participate more fully in the community." Ms Neville said.

The subsidy could provide assistance with specialised lifters, carriers and trailers for wheelchairs, ramps fixed to a vehicle and modified driving controls to enable a person with a disability to drive.

The Ballarat Health Services Aids and Equipment Program has been chosen to administer the \$2.5 million vehicle modification subsidy scheme on a statewide basis.

"This is long awaited assistance for people with a disability in helping them to maintain their independence through motoring," the president of the Disabled Motorists Association, Rosslyn Pickhaver, said.

'Families with a member with a disability and drivers with a disability face extra costs and this subsidy will go some of the way to alleviating the financial pressure'.

**For information about applying for the scheme please call 1800 995 009 or email [vmss@bhs.org.au](mailto:vmss@bhs.org.au)**

## Polio Today

JAMA® THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION  
HTTP://JAMA.AMA-ASSN.ORG/CGI/CONTENT/FULL/300/7/839  
VOL. 300 No. 7, AUGUST 20, 2008

### SUMMARY OF THE ORIGINAL ARTICLE

#### Studies in Human Subjects on Active Immunization Against Poliomyelitis

JONAS E. SALK, MD; MAJ BYRON L. BENNETT, US ARMY (RET); L. JAMES LEWIS, PHD; ELSIE N. WARD, MA; J.S. YOUNGNER, SCD. JAMA. 1953;151(13):1081-1098

In 1953 at the height of polio epidemics in the United States, Salk and colleagues described preliminary findings that led to an inactivated poliovirus vaccine. After review of the scientific evidence favoring artificial immunization against polio, the systematic experimental approach to vaccine development was outlined in detail including the criteria for selection of the vaccine strains, the choice of monkey kidney cells for vaccine virus production in tissue culture, and the inactivation of infectivity by incubation of clarified virus preparations in a 1:250 formalin at 1°C for 7 to 10 days.

Preliminary results were reported on the levels of neutralizing serum antibodies induced in 161 human participants who had been injected with the experimental vaccine just a few months earlier. Antibody levels, measured in both tissue culture and in mice, were higher when the vaccine was emulsified in a mineral oil adjuvant and delivered intramuscularly than when the vaccine was prepared in an aqueous suspension and delivered intradermally. Antibody levels to each of the 3 poliovirus serotypes induced by the inactivated vaccines compared favorably with levels induced by natural infection. Formalin inactivation of infectivity, measured by intracerebral inoculation of cynomolgus monkeys, appeared to be irreversible and the induction of neutralizing serum antibodies in human participants appeared to be entirely attributable to the noninfectious experimental vaccines.

#### Commentary

The medical world has made much progress since the historic efforts in the 1950s of Dr Jonas Salk to develop inactivated polio vaccine (IPV) and of Dr Albert Sabin to develop oral polio vaccine (OPV). Global incidence of poliovirus cases has declined more than 99% from an estimated 350 000 cases at the beginning of the World Health Organization (WHO) Global Polio Eradication Initiative in 1988 to 1315 cases in 2007 and to 866 cases at the time of this publication.<sup>1</sup> Poliovirus type 2 was eradicated in 1999. The number of countries that have never interrupted wild poliovirus transmission (ie, polio-endemic countries) has been reduced from more than 125 in 1988 to 4: Afghanistan, India, Pakistan, and Nigeria. In this Commentary, we review the historical basis for pursuing polio eradication and assess the prospects for reaching the goal of a polio-free world.

#### History and Background of Polio Eradication Strategies

Most countries in Europe and North America effectively eliminated endemic transmission of wild poliovirus within a few years after introduction of IPV in 1955. In the United States, polio cases decreased more than 25-fold between 1955 and 1961, and some countries in northern Europe eliminated polio using IPV alone. In the United States, OPV gradually replaced IPV after 1961 and endemic circulation stopped in the late 1960s. The strategy of routine childhood immunization, so

successful in the developed world, was less successful in the developing world in reaching elimination, which led Sabin to argue for supplemental mass administration of OPV to supplement routine immunization.<sup>2</sup> Striking results from well-organized national immunization days in Cuba<sup>3</sup> and later in Brazil,<sup>4</sup> Mexico,<sup>5</sup> and Costa Rica<sup>6</sup> resulted in the 1985 regional polio eradication initiative in the Americas.<sup>7</sup> Early successes in the Americas prompted the 1988 resolution of the World Health Assembly to eradicate polio worldwide by the year 2000 by targeting the disease burden in developing countries through a global partnership spearheaded by the WHO, the United Nations International Children's Emergency Fund, Rotary International, and the Centers for Disease Control and Prevention.<sup>8</sup>

In 1994, the Region of the Americas was certified as polio-free. Cessation of poliovirus transmission was achieved through 4 key strategies: surveillance for acute flaccid paralysis; strengthening of routine immunization systems; provision of supplemental doses of OPV through national immunization days and subnational targeted supplemental immunization activities; and house-to-house "mopping up" immunization rounds to eliminate the last foci of polio transmission in affected countries. Successful application of these basic strategies in the Western Pacific region was pioneered by China, which experienced an epidemic in 1989-1990 that affected 10 000 children despite high routine OPV coverage.<sup>9</sup> By 2000, the 37 Western Pacific region countries were certified polio-free,<sup>10</sup> followed in 2002 by the 51 countries of the European region.<sup>11</sup> The 4 endemic countries have persistently delayed certification of the remaining 3 WHO regions.

#### Polio Eradication Strategies in the Developing World

Naturally acquired immunity through wild poliovirus circulation exists only in the polio-endemic areas of the world and those few previously polio-free countries experiencing ongoing poliovirus transmission because of importation from endemic areas. The remainder of the world relies solely on immunization, whether OPV, IPV, or a combination of both. Even when achievable, high rates of routine immunization alone (>90%) have proven inadequate over the last 40 years to prevent periodic epidemics in tropical countries with high birth rates and poor sanitation.<sup>2</sup> Thus, a consensus emerged within the polio eradication initiative that any eradication strategy in the developing world should consist of the 4 fundamental components that proved so successful in the Americas: improved routine immunization, supplemental mass immunization, poliovirus surveillance, and outbreak response capacity.

#### Improved Routine Immunization

For either eradication or control, improving the current level of routine immunization against polio in developing countries is crucial. Unfortunately, current global routine immunization coverage is less than optimal. The WHO and the United Nations International Children's Emergency Fund data for 2006 indicate that more than 26 million children worldwide are not vaccinated with 3 doses of polio vaccine through routine programs, and that average global coverage reached only 80% of children.<sup>12</sup> Forty countries have less than 80% coverage—the minimum level needed to significantly reduce the risk of outbreaks following importations.<sup>13</sup> These countries include 3 of the 10 most populous countries in the world: India (58%), Indonesia (70%), and Nigeria (61%). Seven of the 40 countries have coverage that is lower than 50%. Closing this vaccine coverage gap by improving the level of routine immunization will be a major challenge. It is unlikely that the world will reach the 2010 global goal for all countries having at least 90% national vaccination coverage and 80% vaccination coverage in every district.<sup>14</sup>

## Supplemental Mass Immunization

In many tropical developing countries, pools of susceptible individuals accumulate from both failure to reach children through the routine program and failure of OPV to uniformly induce an adequate immune response despite the recommended 3 to 4 routine doses. Even countries with relatively high national immunization coverage are at risk for periodic large polio outbreaks in the absence of supplemental immunization. Therefore, any strategy for developing countries must also include the capacity to organize and deliver multiple supplemental doses of polio vaccine each year to prevent large polio outbreaks.

## Effective Poliovirus Surveillance

An integral component of global eradication is continuation of nationwide acute flaccid paralysis surveillance, which includes continued operation of the WHO Global Polio Laboratory Network. The 145 laboratories of the Global Polio Laboratory Network are essential for providing information for programmatic action by identifying outbreaks early, assessing the effectiveness of immunization strategies, and guiding response efforts toward global control.

## Adequate Outbreak-Response Capacity

Each country must have access to sufficient public health infrastructure and vaccine supply for possible polio outbreak-response. The vicissitudes of economic and political fortunes of low-income countries dictate that this response capacity must also exist at the WHO headquarters and regional level, and rely on external funding.

## Resurgence of Polio During 2003-2006

After reaching a record low of 483 reported polio cases globally in 2001, 2 events fueled debate about the feasibility of polio eradication. The first circumstance was the cessation of polio vaccination in northern Nigeria during 2003-2004, which occurred because of unfounded fears about the safety of OPV; the second was reductions in the number and geographic extent of national immunization days and supplemental immunization days in India during 2001-2002, which resulted in the spread of polio from Nigeria and India during 2003-2006 with importations into 27 previously polio-free countries.<sup>13</sup> At least 92 separate importations were documented by epidemiologic and genomic sequencing data. Control of the ensuing outbreaks required additional supplemental immunization rounds with direct costs of more than \$500 million in external funds alone. Cessation of polio vaccination in northern Nigeria resulted in more than 5000 additional paralyzed children during 2003-2006, both within Nigeria and through the spread of poliovirus to 20 of the 27 polio-free countries from West and Central Africa to Indonesia.

## Recent Progress, Innovations, and Challenges

The year 2007 marked a turning point as intensified eradication activities in the remaining polio-endemic countries reduced poliovirus spread. During this time, most of the outbreaks in countries that were previously polio-free were successfully stopped through intensified use of outbreak-response guidelines endorsed by the World Health Assembly in May 2006. As of June 2008, transmission continues in the 4 polio-endemic countries but only 6 countries that were previously polio-free have ongoing transmission (Angola, Chad, the Democratic Republic of the Congo, Ethiopia, Niger, and Sudan).

New tools and tactics, in addition to more aggressive outbreak-response guidelines, have contributed greatly to restoring confidence that polio eradication can be achieved, including large-scale use of monovalent OPV formulations to enhance protective efficacy, particularly

in tropical countries, compared with trivalent OPV; implementation in the WHO Global Polio Laboratory Network of rapid virus culture techniques and the polymerase chain reaction to reduce the time for poliovirus identification by half, thereby facilitating rapid response capacity; and intensified engagement of national and local political leaders in polio-affected countries.

In polio-endemic countries, type 1 monovalent OPV has been used on a massive scale (>2.5 billion doses since 2005) to prioritize eradication of type 1 poliovirus, which has a greater capacity than type 3 poliovirus to cause paralytic disease, to cause large outbreaks, and to spread over wide geographic areas. Remarkable progress has occurred in India, which has reported a record low of 8 cases of type 1 poliovirus in 2008 and has interrupted indigenous transmission for the first time ever in Uttar Pradesh—its largest state and last remaining original “polio reservoir.” Whether this success will be sustained through the 2008 summer high season for poliovirus transmission remains an open question. Other challenges include a new type 1 poliovirus outbreak in 2008 in northern Nigeria with renewed risk of international spread, which is due to persistent failure to fully vaccinate children, and persistent low-level poliovirus transmission in parts of Afghanistan, Pakistan, and a handful of previously polio-free countries now dealing with ongoing poliovirus transmissions due to importation.

In polio-free countries of North America, Europe, and Australia, there has been a transition back to the use of IPV to eliminate the rare adverse events associated with OPV.

More than 5 million children and young adults are walking today because of the efforts of the polio eradication initiative since 1988. After the many setbacks, will the promise of a polio-free world for future generations<sup>15</sup>—first imagined by the availability of polio vaccine beginning in the 1950s—finally be realized? While optimists would say yes, the answer still is not clearly in sight, although it may be just over the horizon.

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**Financial Disclosures:** None reported.

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# Wild Poliovirus Weekly Update

20 August 2008  
Information by country

Total cases	Year-to-date 2008	Year-to-date 2007	Total in 2007
Globally	1044	404	1315
- in endemic countries:	980	341	1208
- in non-endemic countries:	64	63	107

Country	Year-to-date 2008	Year-to-date 2007	Total in 2007	Date of onset of most recent case
Pakistan	31	11	32	30 July 2008
Nigeria	575	159	285	28 July 2008
India	359	163	874	27 July 2008
Afghanistan	15	8	17	24 July 2008
Niger	13	5	11	7 July 2008
Sudan	3	0	1	6 July 2008
Angola	23	10	8	2 July 2008
Benin	2	0	0	30 June 2008
Chad	12	2	22	21 June 2008
DRC	3	27	41	10 June 2008
Burkina Faso	1	0	0	6 June 2008
Nepal	4	0	5	28 May 2008
Ethiopia	2	0	0	27 April 2008
CAR	1	0	0	6 April 2008
Myanmar	0	11	11	28 May 2007
Somalia	0	8	8	25 March 2007

source: [www.polioeradication.org](http://www.polioeradication.org)

## Headlines

- In Pakistan, Prime Minister Syed Yusuf Gilani launched the nationwide polio campaign and directed the Health Ministry, provincial health ministries and district administrations all over Pakistan to ensure that no child was left without administering anti-polio drops. See 'Pakistan' section below for further details.
- Large scale SIAs are being conducted this week in Pakistan, the Somali region of Ethiopia, regions of DRC, and in Angola.

## Polio Day discussion tables

The specific nature of the Polio Day 'interactive discussion tables' is to provide opportunities for local health and community services to explain how they could be of benefit to polio survivors. As many people are now ageing, the information provided will become increasingly more relevant.

Polio survivors have also had many and varied experiences in the health sector, but good therapists who know how to work with PPS (or are open to learning) are absolutely vital in assisting polio survivors to maintain an active lifestyle as they age and symptoms increase. Those therapists who have agreed to come along have already clearly expressed their interest in assisting with the late effects of polio.

All local support groups were asked to nominate what type of service providers they would like to interact with during the second half of the eight regional Polio Days. This has led to a wide and interesting variety of local representatives (see below). We hope you enjoy YOUR day.

– ED

### SALE – FRIDAY 3 OCTOBER

Sporting Legends, 233 York Street, Sale

Position	Organisation
Senior Customer Service Adviser	Centrelink
Sale/Bairnsdale Customer Service Centres	
Rural Access & Transport Worker	Wellington Shire
Rural Access & Transport Worker	LaTrobe City Council
Falls Prevention Program Worker	Wellington Primary Care Partnership Gippsland Women's Health Service
Podiatrist	Central Gippsland Health Service
Physiotherapist	Central Gippsland Health Service
Occupational Therapist	TBC
Awaiting confirmation from various other allied health professionals	
<b>Aids &amp; Equipment Display</b>	Access Rehab Equipment

### BENDIGO – TUESDAY 7 OCTOBER

Bendigo District RSL, 73-75 Havilah Road, Bendigo

Position	Organisation
Information Officer	Commonwealth Carelink Centre
Financial Information Service	Centrelink
Sales Manager	OAPL - Aids and Appliances Shop
Orthotist	OAPL
Physiotherapist	Bendigo Health
Awaiting confirmation from various other allied health professionals	
<b>Aids &amp; Equipment Display</b>	OAPL - Aids and Appliances Shop



**BALLARAT – THURSDAY 9 OCTOBER**

Midlands Golf Club Inc, Heinz Lane, Ballarat North

Position	Organisation
Customer Service Officer	Commonwealth Carelink Centre Grampians
Naturopath	Private practice
Orthotist	Ballarat Health Services
Occupational Therapist	Ballarat Health Services
Speech Pathologist	Ballarat Health Services
Physiotherapist	Ballarat Health Services
<b>Aids &amp; Equipment Display</b>	Action Aids Australia

**ALBURY/WODONGA – MONDAY 13 OCTOBER**

Commercial Club, 618 Dean Street, Albury

Position	Organisation
Podiatrist	Charles Sturt University
4th Year Physiotherapy Student	Charles Sturt University
Orthotist	NVOPS
Advocate	Disability Information Advocacy Service Inc (DIAS)
Dietitian	Wodonga Regional Health Service
Osteopath	Albury Osteopathic Clinic
Rural Access Worker	Upper Hume
<b>Aids &amp; Equipment Display</b>	Bellevue Medical

**SHEPPARTON – WEDNESDAY 15 OCTOBER**

Shepparton Club, 455 Wyndham Street, Shepparton

Position	Organisation
Orthotist	NVOPS
Rural Access Worker	Strathbogie Shire
Customer Service Adviser	Centrelink
Co-ordinator	Community Transport
Information Officer	Regional Information and Advocacy Council
Case Manager	Community Interlink
Assessment Officer	City of Greater Shepparton
Carer Support Worker	Villamaria
Carer Support Worker	Family Care
Representative	GVGPs (Goulburn Valley Division of General Practice)
Team Member	Goulburn Valley Rural Health Chronic Condition Self Management
Allied Health Team	GV Health Rural Health
Tai Chi & Strength Training Group Rep	GV Health Rural Health
Pharmacist	GV Health Rural Health
<b>Aids &amp; Equipment Display</b>	GV Healthcare Supplies
<b>Aids &amp; Equipment Display</b>	Country Healthcare - incl. CPAP Nurse

**WARRNAMBOOL – MONDAY 20 OCTOBER**

Warrnambool Football Club, Albert Park, Cramer Street, Warrnambool

Position	Organisation
Disability Project Worker	Commonwealth Carelink Centre
Pharmacist	Soulsby Struth Pharmacy
Carer Services Co-ordinator	MPOWER
Orthotist & Occupational Therapist	Private Practice
Physiotherapist	Warrnambool Physiotherapy Centre
Natural Therapist	TBC
Staff	Centrelink – TBC
<b>Aids &amp; Equipment Display</b>	South West Health Care

**GEELONG – WEDNESDAY 22 OCTOBER**

Geelong Football Club, Fred Flanagan Room, La Trobe Terrace, Geelong

Position	Organisation
Orthotist	Geelong Orthotics P/L
Podiatrist	Todd Brown Podiatry
Physiotherapist/Tai Chi	Claire Plapp Physiotherapy
Occupational Therapist	OT Care
Assessment & Review Officer	City of Greater Geelong – Age & Disability Services
Community Health Nurse	Barwon Health
Nurse / Co-ordinator, Respecting Patient Choices Program	Barwon Health
Practice Manager	Bellarine Hearing Services
Polio Nurse / Co-ordinator, Polio Clinic	McKellar Centre
Social Worker	Community Rehabilitation Centre – Polio Clinic
Aquatic Physiotherapist	Hydrotherapy Pool – Rehabilitation Centre, McKellar Centre
<b>Aids &amp; Equipment Display</b>	Geelong Wheelchair Service Rehabilitation Supplies

**FRANKSTON – WEDNESDAY 29 OCTOBER**

Sandhurst Club, 75 Sandhurst Blvd, Sandhurst

Position	Organisation
Orthotist	Garth Talbot Orthotics P/L
Psychologist	ParaQuad Victoria
Education, Employment, Disability Network	Centrelink – Area Nth Central Victoria Network
Manager	Frankston Centrelink
Peer Educator	COTA (Council of the Ageing)
Living Well Program Team	Peninsula Community Health Service
Representative	Complex Care, Frankston Community Health Service
Advocate	Office of the Public Advocate – TBC
<b>Aids Display</b>	Independence Solutions / PQV
<b>Aids &amp; Equipment Display</b>	Endeavour Industries

**For the full Polio Day Program, see Pages 10 & 11. BOOK NOW!**

# John P Murtha Neuroscience and Pain Institute

www.conemaugh.org / Patients and Visitors / Conditions and Disorders / Post-Polio



Dr William DeMayo

Having visited this wonderful facility during my recent Churchill Fellowship Study Tour, I was delighted to read an article about one of John P Murtha Neuroscience and Pain Institute's research projects which popped up in my "Google Alerts" (see below).

During my visit, Medical Director Dr William DeMayo, provided an overview of the Specialty Clinics he manages including the Post-Polio Program. It became evident that JPMNPI is not purely 'clinical' in its approach to treating patients. When Dr DeMayo was recruited as the Medical Director 6 years earlier, it was largely due to his philosophy of addressing the total mind, body and spirit to achieve wellness.

Research Nurse, Jan Goodard, also discussed her work in the area of Therapeutic Uses of Essential Oils. She provided precautionary

information such as which oils not to use under various conditions as well as recipes for relaxation, fatigue, insomnia, and pain. She gave both Jill and me a few samples to try and assured us that it's not the smell that makes the oils work. Although skeptical, Jill later tried one of these oil blends for pain and was surprised and relieved by its efficacy.

John P Murtha Neuroscience and Pain Institute was an absolute treat to visit. I was really impressed by their whole-health philosophy and willingness to look at the range of traditional and complementary options to treat and manage patients with chronic illnesses. I think we could learn much from the concept of exploring the 'spiritual' side of healing which, of course, will mean different things to different people. I suppose the key message is not to overlook the less obvious strategies for wellbeing. • –ED

## Study seeks source of fatigue with people with PPS

by Maryann Gogniat Eidemiller for the Tribune-Review – Monday, August 11 2009

Donald Friedberg was 9 months old in 1931 when his family fled from the polio epidemic sweeping New York City. After they moved in with relatives in Virginia, he got sick anyway. "I was actually the only case of polio in Richmond that whole year and they didn't know what to do with us," he said.

Friedberg, a retired optometrist who lives in Hempfield, doesn't remember any of what happened, but his parents later told him that the household of 13 was quarantined and that people brought food to the gate of the fenced yard. Now 77, he is part of a study at the John P. Murtha Neuroscience and Pain Institute, in Johnstown, which is investigating cognitive fatigue among people with post-poliomyelitis syndrome, or PPS.

According to Dr. William DeMayo, medical director of the specialty clinics, it is the only site in the world conducting that specific study, and it has been drawing participants from all over the country and as far away as England.

### Comparative Study

The study is being sponsored by Memorial Medical Center in Johnstown and the United States Department of Defense, which uses similar testing to assess cognitive skills in war veterans with non-physical blast injuries. The tests were developed at the University of Oklahoma.

"The study is looking at people with a history of polio without post-polio syndrome, who are doing well, and comparing them to people who have post-polio syndrome symptoms," DeMayo said. "We want to see if there's a difference in performing in terms of how much fatigue they experience in cognitive tests."

According to an abstract of the study, the original infection with the polio virus seems to weaken brain cells that survived the virus attack, but after the infection, the brain appears to rewire itself in a way that will eventually malfunction. Screening includes ruling out other conditions such as anemia or thyroid disorder that can mimic the PPS symptoms of cognitive fatigue: difficulty with attention, concentration and clear thinking.

"Brain fatigue can happen to anyone if you get overly physically tired, and your brain just doesn't seem to work as quickly," said Janet Goodard, the center's research nurse coordinator. "But there is some evidence that polio survivors have a greater tendency to this, and many do complain of cognitive fatigue."

### Delayed Impact

Other symptoms that are not part of the study but that are relevant in the diagnosis of PPS include residual weakness and muscle atrophy that develop long after the initial bout with polio. All of that can surface years

later, as Friedberg learned, and so did Daniel Houser, 71, of Connellsville Township, who also is part of the study.

The polio affected Friedberg above the waist, mostly on his left side. At that time, there was little treatment other than braces and learning to use limbs again. If paralysis affected muscles that controlled breathing, the patient had to spend prolonged recovery time in a cumbersome canister respirator, commonly called an iron lung. Friedberg's parents heard about Sister Elizabeth Kenny, an Australian nun who used heat and movement (then considered unconventional) to treat polio, and decided to try it on their son. "My father and a shoemaker made a brace that went around my waist and tied down my right arm so that for a time I had to do everything with my (afflicted) left arm," he said. "Then they had an infrared lamp and my mother spent hours rubbing this waxy substance into my arm, underneath that bulb. She was sweating and I was sweating."

Friedberg recovered enough that unless he went shirtless, it wasn't obvious that polio caused shrinkage on the left side of his chest and arm. Years later, symptoms developed on the right side, and seven years ago, a neurologist at Cleveland Clinic diagnosed PPS as the cause. Friedberg later was referred to the center in Johnstown where he continues as a patient and learns how to manage the progressive symptoms.

"My right arm used to be as strong as an ox and now it's not," he said. "I have trouble getting out of a seat and I have trouble walking and have loss of balance. I now use a cane and I also have trouble with sleep."

### 'A Real Struggle'

PPS symptoms developed when he was in his 50s, soon forcing him into an early retirement. He now uses a wheelchair and also has arthritis.

"It has been a real struggle for me, but they have helped me a lot at the center," he said. "They advise me about how to take care of myself and things that I can do to alleviate the pain."

While Houser and Friedberg receive treatment at the center for their PPS symptoms, they know that participating in the cognitive fatigue study will be of little or no benefit to them personally. But to have an effective study, the researchers need more volunteers who are polio survivors without PPS symptoms.

"People who don't have the new symptoms are helping other people, and who knows what they might have in five or 10 years?" DeMayo said. "They can contribute to our knowledge so if they develop symptoms themselves in the future, we will know more about the disorder, and that can help them." •



# Polio: A mother's account

I am writing on behalf of my son, Douglas Robert Kleinitz, born 2.8.53. First of all I was in the Fairfield Infectious Diseases Hospital with suspected infantile paralysis, as it was called in the 30's. My sister was in the Frankston Orthopaedic Hospital for 12 months when she was three.

Douglas was 18 months old and having trouble with his teeth coming through. He had a high temperature and very red face so I took him to the doctor who said it was just his teeth. Next morning I took him out of his cot and put him down on the floor – he couldn't stand up. Back to the doctor again who suspected polio and we had to take him to Sale hospital under quarantine for a month. We were also under quarantine and not allowed to go and see him. I could only ring each day and be told he was "satisfactory".

Then we got word to say he could go to Fairfield Infectious Diseases Hospital. I got to go with him and learn how to bandage him into the Thomas Splint and learn exercises for his leg, otherwise he would have had to stay in Yooralla Hospital and be treated. I was determined to bring him home, so treatment began out of Thomas Splint for bath and treatment twice a day.

I had two little girls as well who not at school, and we were on a dairy farm. Every 3 months I had to go to Yooralla Hospital for 3 weeks and learn new exercises. This went on until I was having another baby and couldn't travel backwards and forwards. A doctor used to come from Melbourne every few months and measure his growth. He had special boots and calipers on both legs to keep them even.

This went on for many months. He still had to sleep in the splint. One morning I took him out of the splint and he could stand. I sat down on the floor and cried! Now he could walk with help from his sisters who took his hands, one on each side, for little walks. The first thing he noticed were the ants racing about on the ground.

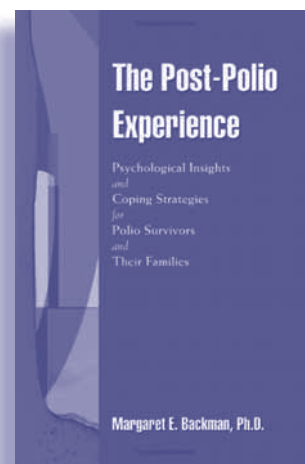
As he grew, his weak leg was not keeping up so he had several operations at the Children's hospital to join sinews from the calf of his leg to his foot so that it would not be floppy. The next thing was to break his good leg to slow down its growth to let the weak leg catch up. So he had both legs in plaster. My husband had to carry him everywhere until the plasters were taken off. He went to school with crutches for a time.

Eventually Douglas went without the calipers and decided he would not have any more done to his legs. He would do his own treatment. Now he is married and has four children. His father died young so he carried on the farm. He is grandfather to 2 girls and a boy which means I am a great granny! •

– MARGARET KLEINITZ

## Book review

The Post Polio Experience- Psychological Insights and Coping Strategies for Polio Survivors and their Families. **Margaret E. Backman Ph.D.** iUniverse Books, 2006



**IMAGINE THIS SCENARIO:** You contracted polio in your early life and had rehabilitation as a child. It had its difficulties, but you managed as inconspicuously and good-naturedly as you could. When you were a teenager you discarded as many of the trappings of polio that you could, and got on with life. A period of about twenty or thirty years of "normal" life followed. However, somewhere between the ages of 30 and 60, weakness, pain and tiredness have become harder to manage and your life seems harder to keep up with. Doctors are consulted. Some people tell you to get more exercise. Others suggest more rest. Feelings of frustration, sadness, anger and anxiety arise. Perhaps there is a diagnosis of fibromyalgia or depression. At some point you have the alarming realisation that polio is the cause and after trying hard to avoid it, you understand that having polio is in the present, not the past. If this sounds familiar, then this book may be of interest to you.

Margaret E. Backman's book explains the link between the early and later experiences of having polio and provides insights into the emotional and psychological issues. Many of the anxieties and fears associated with the loss of mobility and function are discussed in a way that is easily understood and identified with. She highlights that understanding the way we managed at the time of the illness and early rehabilitation may help us understand the responses we are having today.

The age we were when we contracted the virus is likely to influence the way we accommodate this piece of our story. For example, polio contracted as an infant is likely to have resulted in separation from the mother before this could be understood. Separation anxiety, she suggests, is quite common in adults who have had this experience. Contracting it as an adolescent when identity is forming may upset self-esteem. The author describes stages of adjustment and also common coping strategies and defences survivors may develop to deal with these developmental disruptions.

She explains the difference between coping strategies and defences, and how each can be useful although when rigidly held they can cause problems. This is done in plain simple language, which is very accessible. Issues such as depression, medical and other abuse, anxiety, anger, social withdrawal, guilt, loss and grief are discussed. Of particular interest was the discussion of the "polio personality" in chapter 7. Since being described as a prototype of this phenomenon, I have felt the polio "type" to be too simplistic. There is a fair amount of evidence though, that polio survivors tend to be "doers" and high achievers and some suggests that we are more likely to be "Type A" personalities (more competitive, driven, angry). However, Backman suggests that that this is not so much a "personality" as some common responses to the frustrations of having polio. What a relief to have my individuality back.

This is a useful self help book for those dealing with the effects of polio. This is not a text and the language and suggestions can be at times a little overly simplistic, but its subject matter, the emotional and psychological effects, seems to have been given little attention in other books about post polio effects. Although having polio can be life altering, polio survivors tend to be quiet or to underplay the emotional impacts. While distressing, the occurrence of new symptoms later in life can also provide an opportunity to deal with what could not be articulated back when the polio was contracted. This book will be helpful in that process. •

– LIZ TELFORD

# Polio Awareness Month October 2008

Every Polio Day people ask if it can be held in one of the regional centres – but which one? The problem with doing so is that so many people would miss out. On the other hand, Metropolitan based Polio Days have excluded many of our country members who are finding it increasingly difficult to travel as the years pass.

So this year you can choose from 8 regional Polio Days throughout October's "Polio Awareness Month"!

The structure of each Polio Day will consist of a morning presentation by the Polio Network's Community Officer, Mary-ann Liethof, covering the knowledge and information gained on her six week Churchill Fellowship Study Tour of USA/Canada. This will be followed by lunch and various displays.

Afternoon sessions will be interactive discussion tables staffed by local community health and local government service providers such as: dietitians, physiotherapists, occupational therapists, rural access officers, pain management specialists, community care workers, DHS workers, and natural therapists. These discussion tables will vary depending on service availability in each region.

The following venues have been booked for the day:

REGION	DATE	VENUE
Sale	Friday 3 October	Sporting Legends 233 York St, Sale
Bendigo	Tuesday 7 October	Bendigo District RSL 73-75 Havilah Rd, Bendigo
Ballarat	Thursday 9 October	Midlands Golf Club Inc Heinz Lane, Ballarat North
Albury/ Wodonga	Monday 13 October	Commercial Club 618 Dean St, Albury
Shepparton	Wednesday 15 October	Shepparton Club 455 Wyndham St, Shepparton
Warrnambool	Monday 20 October	Warrnambool Football Club 'Albert Park', Cramer Street Warrnambool
Geelong	Wednesday 22 October	Geelong Football Club Fred Flannigan Room La Trobe Terrace, Geelong
Frankston	Wednesday 29 October	Sandhurst Club 75 Sandhurst Boulevard Sandhurst



## What's New in PPS?

**10.30am Registration / Social / Refreshments**

**11.00am Welcome** and Housekeeping from local Polio Support Group Representative

**11.15am What's New in PPS?**

A presentation on the latest Post Polio Syndrome research, clinics and self management techniques from North America

– Presented by Mary-ann Liethof, Polio Community Officer, Polio Network Victoria, a service of ParaQuad Victoria

**12.45pm Lunch / Social / Displays**

- Catch up with old and new friends
- Polio Roll Call display
- Various visual and local trade displays

**1.45pm – 3.15pm What's Locally Available?**

- Interactive Discussion Tables will be staffed by a variety of local health and government service providers
- Move from table to table depending on your interest and/or needs
- You can join in on the discussions or simply listen to what services are available in the area, as well as other people's experiences of using them
- Add your voice to what the real service needs are in your region

**3.15 – 3.30pm Door Prize Draw and Conclusion**

**Cost: \$10.00 per person  
– to be included with your  
returned application**

Please return this form **with payment** of \$10.00 per person to confirm your attendance **by Friday 26th September** and/or refer any enquiries to:



**Mary-ann Liethof**

Polio Community Officer, Polio Network Victoria  
ParaQuad Victoria, 208 Wellington Street, Collingwood, 3066  
Ph: (03) 9418 0411 / Mob: 0425 785 871 Fax: 9416 3739  
Email: polio@paraquad.asn.au

## Details

Name/s: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(please print) 3. \_\_\_\_\_ 4. \_\_\_\_\_

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

Phone/s: (Day) \_\_\_\_\_ (Mob) \_\_\_\_\_

Email: \_\_\_\_\_

## Venue

please **X** which venue/s you will be attending

REGION	DATE	REGION	DATE
<input type="checkbox"/> Sale	Friday 3 October	<input type="checkbox"/> Shepparton	Wednesday 15 October
<input type="checkbox"/> Bendigo	Tuesday 7 October	<input type="checkbox"/> Warrnambool	Monday 20 October
<input type="checkbox"/> Ballarat	Thursday 9 October	<input type="checkbox"/> Geelong	Wednesday 22 October
<input type="checkbox"/> Albury/Wodonga	Monday 13 October	<input type="checkbox"/> Frankston	Wednesday 29 October

## Special dietary needs

please specify  Coeliac  Food Allergies/Intolerance \_\_\_\_\_

## Payment details

Enclosed is my cheque/money order made **payable to ParaQuad Victoria** for \$ \_\_\_\_\_

Account Number: 30 09 1026

or please debit my:  Visa Card  MasterCard

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_



# RECEIPT

(will be handed out during registration)

Name: (please print) \_\_\_\_\_

For: **Polio Awareness Month 2008** Amount: \$ \_\_\_\_\_

# New Support Group Meetings

## ► Bayside: (monthly meetings)

The initial meeting for this 'new' support group was held on Thursday 3 July and attracted more than 20 people who were keen to see it reestablished after former meetings ceased a few years ago. A second meeting was held at Hampton Community Centre, 14 Wills Street, Hampton on Thursday 7th August, 1 – 3pm and will continue at this time and venue on a monthly basis.

At their August meeting Simon Mathieson (Neurological physiotherapist) from the Caulfield General Medical Centre provided a thoughtful insight into PPS from a Physiotherapist's point of view. Simon gave a quick run down on how nerves work, the damage done by the polio virus and the challenges faced in coming to a balance of avoiding physical exertion but maintaining a healthy outlook and lifestyle.

In September, Shirley Glance is going to open her polio life to the group. Shirley has an enlightening presentation which she presents to community and school groups. As a young girl Shirley spent time at the Yooralla Centre, and I am sure she has many insights and survival skills for us to ponder.

The Bayside group is looking for new, old, used, borrowed or stolen ideas but particularly new members to build on their healthy start. The group plans to have a guest speaker at least every two months and group discussions or outings every other month. For more details, contact Shirley Glance on 9592 8212 or Peter Willcox on 9578 5953.

## ► Echuca: (next meeting Thursday 6 November)

This new support group met for the first time on Thursday 14 August from 2 – 4pm at the Education Centre, Primary Care, Echuca Regional Health, Leichardt Street, Echuca. The idea for a support group in Echuca followed on from a very well attended post polio information session held in 2007. Although the numbers present at the support group meeting were not quite as robust, those people who were there were unanimous in their support of ongoing quarterly meetings. The next one will take place on Thursday 6 November at the same venue from 1 – 3pm with an Occupational Therapist as guest speaker. Contact: Di Lauder on 5859 6311 or Helen Murray on 5482 2132 for details.

## ► Swan Hill: (next meeting Wednesday 5 November)

The Winter Polio Perspectives advised a meeting was to be held in Swan Hill on Wednesday 13 August. This meeting has been re-scheduled to a slightly warmer date of Wednesday 5 November from 2 – 4pm at the Old Nurses Home, Ground Floor Lecture Room, Cnr McCrae and High Streets, Swan Hill (RACV VicRoads Ref. 586 H4). Contact: Bev Gray Ph: 0408 807 423

“ I always wondered why somebody doesn't do something about that. Then I realized I was somebody. ”

Lily Tomlin

## Do you have an email address?

If you would like to receive Polio Perspectives electronically instead of through the post, please email [polio@paraquad.asn.au](mailto:polio@paraquad.asn.au)

# Polio Support Group Contacts

## Ballarat Post Polio Support Group Inc

Meeting: 1st Wed in February, then bi-monthly

Cliff Sewell ph: 5336 1557  
Ruth Grose ph: 5332 4755  
email: [n\\_grose@vic.australis.com.au](mailto:n_grose@vic.australis.com.au)

## Bairnsdale Post Polio Support Group

Meeting: 1st Tue in February, then bi-monthly

Margaret Griffiths ph: 5156 7646  
email: [d-griffiths@datafast.net.au](mailto:d-griffiths@datafast.net.au)

## Bayside Post Polio Support Group

Ring Group Contact

Shirley Glance ph: 9592 8212  
Email: [howshirl@optusnet.com.au](mailto:howshirl@optusnet.com.au)  
Peter Willcox ph: 9578 5953

## Bendigo Post Polio Support Group

Meeting: 3rd Sat in February, then bi-monthly

Bob & Dawn Colbourne ph: 5443 8161

## Eastern Region PSG Inc (Box Hill)

Meeting: 3rd Sat of every month

Janice Gordon ph: 9874 5363  
Tricia Malowney ph: 0400 640 624  
Email: [gordonjanice@hotmail.com](mailto:gordonjanice@hotmail.com)

## Echuca Post Polio Support Group

Ring Group Contact

Di Lauder ph: 5859 6311  
Email: [di\\_lauder@yahoo.com.au](mailto:di_lauder@yahoo.com.au)  
Helen Murray ph: 5482 2132

## Geelong Polio Support Group

Meeting: 1st Mon of every month

Marion Kosseck ph: 5243 8848  
Neil Winter ph: 5241 9591  
email: [tlmg@bigpond.com](mailto:tlmg@bigpond.com)

## Hume Polio Self Help Group (Wangaratta)

Meeting: 2nd Saturday of every month

Margaret Goodman ph: 5752 1347  
Harry Wilkinson ph: 5722 1472  
email: [hagd@tadaust.org.au](mailto:hagd@tadaust.org.au)

## Mornington Peninsula Post Polio Support Group

Meeting: 2nd Sat of every month

Dennis & Deirdre Lloyd ph: 5974 3495  
email: [ddlloyd@aapt.net.au](mailto:ddlloyd@aapt.net.au)

## Northern Region Post Polio Support Group Inc (Coburg)

Meeting: 1st Sat of every month

Roslyn Pickhaver ph: 9386 0413  
Jo McKenna ph: 9308 8440  
email: [rosslynp@tadaust.org.au](mailto:rosslynp@tadaust.org.au)

## North West Post Polio Support Group (Mildura)

Ring Group Contact

Helen Bowring ph: 5023 1414

## Sale Polio Support Group

Meeting: 1st Fri in February, then bi-monthly

Kathy Glover ph: 5144 3443  
email: [bastian@dcsi.net.au](mailto:bastian@dcsi.net.au)

## Shepparton Post Polio Support Group

Ring Group Contact

Rhonda White ph: 5832 3100  
email: [Rhonda.White@gvhealth.org.au](mailto:Rhonda.White@gvhealth.org.au)

## South Eastern Region Polio Support Group (Springvale)

Meeting: 2nd Sat of every month

Lyn Bates ph: 9546 5497  
email: [lyn\\_bates@bigpond.com](mailto:lyn_bates@bigpond.com)

## Swan Hill Post Polio Support Group

Ring Group Contact

Bev Gray ph: 0408 807 423

## Traralgon Post Polio Support Group

Meeting: 3rd Thu in February, then bi-monthly

Pauline Corrigan ph: 5174 6904  
email: [pcorrigan@vic.australis.com.au](mailto:pcorrigan@vic.australis.com.au)

## Warrnambool Polio Support Group

Meeting: 4th Tue of every month

Bill Hill-Peters ph: 5561 3980  
Anne Clapham ph: 5562 5685  
email: [demar@bigpond.net.au](mailto:demar@bigpond.net.au)

## Wimmera Polio Support Group (Horsham)

Meeting: 1st Sat in March, then quarterly

Gordon Reynolds ph: 5382 7303

## Yarra Ranges Polio Support Group (Ferntree Gully)

Meeting: 2nd Sat of every month

Joan Smith ph: 9756 6383  
Marlene Wookey ph: 9758 2232  
email: [joansgra@bigpond.com](mailto:joansgra@bigpond.com)

