



## Issue # 47

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### Are you online?

To view and receive this newsletter electronically, please email

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## The Editor's Comments

This issue contains another tale in the series "Living with the Effects of Polio". This time the contribution is from a physiotherapist (retired) colleague and friend whose life is encapsulated by the quote "The difference between the impossible and the possible lies in a person's determination" (Tommy Lasorda, Los Angeles Dodgers manager). Reading Sheena's tale readers will recognize, perhaps, some of their own behaviours and reactions, even though Sheena was a PT and knew the consequences. Her life shows an individual conquering obstacles, something which is true of many persons who lived or are living with the effects of Polio. The inventive Bob Cross and sailor Murray Brown share their experiences and we have a master curler, Louise Gilles in our group.

I thank Sam Parsons for her splendid work in putting the newsletter together. Sam noted that in 2018 the newsletter was sent to 152 people while only 27 paid membership dues to Easter Seals. I encourage all to belong as it helps defray the cost of the newsletter generously produced and distributed by Easter Seals.

Joan M Walker, Editor

**Remember**, I am always grateful for items suitable for the newsletter/website. Send them anytime!

### **Annual Meeting, May 11, 2019 – new location in Dartmouth!**

Our meeting, from 2 - 4pm will be held in the new Easter Seals Building, 22 Fielding Ave, Dartmouth (Burnside Park). The main entrance will be the only entrance open on the meeting day. Fielding intersects Wright Ave and Akerley Blvd, so if travelling up Wright Ave, Fielding Ave will be on your left after Feed NS. If travelling up Akerley Blvd, Fielding Ave will be on your right. If you have GPS the zip code is B3B 1E2. There will be a conducted tour of the new building and its facilities.

**Mark your calendar now for the next meeting, Saturday May 9th, 2020.**

## Chairperson's greetings to all.

I have just enjoyed an interesting conversation with Ginny Phillips. We discussed the problems of ageing with our various disabilities, which seem to increase each year. I expect that most of you are familiar with some of these!

Ginny sends her regards to you all and likes to keep in touch with people by phone, especially those of you who are having a difficult time. We are very fortunate to have had her capable leadership over the years. I have certainly appreciated her help.

I hope that many of you will be able to attend our annual meeting on Saturday, May 11 at our new venue, Easter Seals in Dartmouth.

Best wishes,

Eleanor Grennan



## Remembering

Audrey E Sibbins, aged 90, of Berwick, Kings Co., died in Soldiers' Memorial Hospital, Middleton, on August 18, 2018. Born in Graywood, Annapolis Co., Audrey was the daughter of the late Harris and Daisy (Wright) Sibbins. At age 21, Audrey was afflicted with polio. Treatments and her strength of character enabled to eventually walk and engage in many interesting activities. After attending secretarial school, Audrey worked at Cornwallis Naval Base and later taught school in Annapolis Royal. During her working years, she also assisted her aging parents.

### In China, wooden canes can fly!

In September 2018 I did a 3 week tour of China, from Shanghai to Beijing, including the Yangzi River and its gorges, the Dazhu cave sculptures, the panda reserve at Chengdu, the Terri Cota warriors at Xi'an, the Great Wall, and the Forbidden City in Beijing. So much history, so many UNESCO & World Heritage sites – an amazing country.

I did however, run into trouble with my Lexi adjustable cane that has travelled all round the world. Internal flights in China can have different restrictions to others, and they are fussy about walking canes! Firstly, security found an ice pick under the rubber ferrule, promptly walked away with the cane leaving me to follow down a long corridor. I could only but pity those who depend on their canes. They then used a hacksaw to remove the offending tip having failed to unscrew it! On the next flight it was summarily taken away as we entered security to go with the checked luggage and to be returned at the next place. Should you actually need it was given no consideration. On the last flight to Beijing I was told it had to be checked and then watched in amazement as another person carried through security a golf-sized umbrella, it apparently had no metal but even I could do considerable damage with that thing! As it was I then used it nicely as a cane for the better part of a day till I got mine back (I have spinal stenosis that dislikes much standing and sadly, walking distances).

I also noted in the one railway station and several airports almost no wheelchairs, no one using walkers, or elbow crutches. I could only sadly conclude that if you are disabled & using some sort of walking aid, you will have great difficulty travelling.

So, if you are going to travel in China and need to always have your cane, take a wooden one – they can fly & I am not referring to the witch's broomstick.

Joan M Walker 2019-01



## Update on Bob Cross & Shore Fishing

The ever-inventive Bob says that he is working with OT on an arm support to hold his left arm at 90 degrees so his hand is at a more functional level. It will be an arm rest attached to his left side. He only has a crude proto type at present (photos) and is waiting for the brace shop to help make a proper rest. New weakness is making it very difficult to raise his hand to a usable height. The arm sling he had been using started cause shoulder pain and so he had to look for a new option. In the down position his hand is inverting and causing elbow pain. He has been hooking his thumb in his pants pocket to support his arm and reduce the pain.

Bob has had to give up his canoe as he could not paddle any more. He now uses a wide stable boat with an electric start outboard motor, and for quiet travel an electric foot control, trolling motor. He also has swivel seats with back rests. He still gets on the water to go fishing and with help can get his Uncle Weldon, now aged 86, in the boat to go fishing with him.

His uncle is a polio survivor who had polio at the age of 10 years in 1943. His legs were left very weak after polio. Despite that he never wore braces, did everything and it is only in the last 15 to 20 years that he has used a cane. Because he had polio years before Bob, he was the only family member allowed to come into his room and visit when Bob was quarantined.

For those interested in shore fishing his uncle recommends Lansdowne Park.



### Two Accessible Fishing/Picnic Spots

**Lansdowne Park** is a great place for people with disabilities, seniors and their families to have a great outing.

Located 1 ½ hours from metro between Stewiacke and New Glasgow, Lansdowne has lots of parking for this fully accessible park. Gravelled paths are easy to walk and accessible to wheel chairs as are washrooms. They even have wheelchairs available on site. If you need personal assistance you will need to bring your own help.

Lansdowne has accessible fish pond with plenty of good sized trout to tempt any angler. I have been able to easily get to the shore and catch fish. More important, I have been able to take my grandson, teach him some angling skills and be with him when he landed a fish. Youth under 10 are permitted to fish with and instead of the senior or disabled person they are accompanying. If you are taking a youth fishing you may not fish.

- Weldon Bowser

Another accessible park close to Halifax is the **Jerry Lawrence (formerly Lewis Lake) Provincial Park**. It is a great nature retreat without having to travel far from the city. The park sits in between a couple of small lakes; Lewis Lake and Round Lake. Round Lake is stocked with trout several times per season and makes for a great family fishing outing. Facilities include public fishing piers, drive-in picnic areas, charcoal pits, benches, and washrooms. All facilities are fully wheelchair accessible.

It is located in Upper Tantallon on Route 3, about 25 kms west of Halifax.

Address: 4775 St Margaret's Bay Rd, Upper Tantallon, NS B3Z 1N5

## The Goal, a barrier-free province

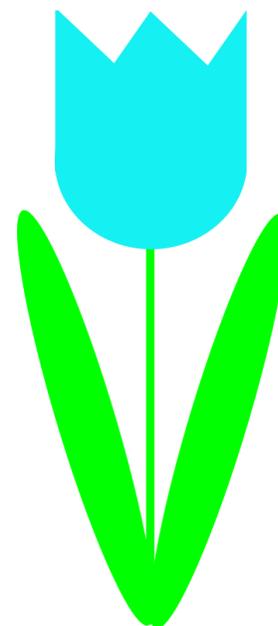
In January, Mark Furey, minister responsible for the Accessibility Act, noted that “almost one in three Nova Scotians live with a disability.” He announced the establishment of new committees “that will develop standards to make communities in the province more accessible for persons with disabilities”. One committee focuses on education, the other on buildings and public spaces. “Furey expressed a desire for input from people with disabilities (applications to join committees closed in Jan., 2019) and stated the related organizations and associations would be consulted through the process. The proposed standards are expected to be made available for comments in 2021 with final standards implemented starting in 2022”. More information can be found at: <https://novascotia.ca/accessibility> (adapted from *TricountyVanguard.ca* 20180109)

Submitted by Linda Muise

### Action to make prescription drugs more accessible & affordable

Louise Gillis (Sydney) highlights an area of concern for Polio survivors that of the cost of drugs to maintain our health. Some may know that Prime Minister Trudeau made an announcement in Halifax on March 28<sup>th</sup> about a National Pharmacare system which would mean the individual provinces would eventually get their drugs from the National supply, substantially reducing costs to the patients. Louise represents the Canadian Council of the Blind (CCB) on the Best Medicines Coalition and some other groups while working closely with the Federal Government. See the link for more information.

<https://pm.gc.ca/eng/news/2019/03/28/national-pharmacare-make-prescription-drugs-more-accessible-and-affordable>



### Flash news! National Pain Task Force announced

April 3, 2019 – Toronto, ON. On Wednesday, April 3, 2019, at the Canadian Pain Society’s 40<sup>th</sup> Annual Scientific Meeting, Federal Minister of Health Ginette Petitpas Taylor, announced the creation of a national pain task force.

“Approximately one in five Canadians live with chronic pain and this can have significant impact on an individual’s physical and mental health, often preventing them from undertaking everyday activities. People with chronic pain face challenges related to stigma and access to evidence-based health services to treat and manage their pain. With this in mind, Health Canada has established the Canadian Pain Task Force.”

The Task Force has a 3-year mandate to provide advice to Health Canada regarding evidence and best practices for the prevention and management of chronic pain. The first report is due June, 2019. For more detail see:

[Canadian Pain Task Force](#)

[Canadian Pain Task Force Terms of Reference](#)

[Summary of affiliations and Interests: Canadian Pain Task Force](#)

## Feel you are not getting enough sleep? Want to maintain a sharp mind?

Seniors today want to maintain a sharp mind and that includes survivors of polio. The idea that a healthy mind lies in a healthy body dates back some 2000 years. There is a relationship between sleep and brain health and sleep is an important aspect of cognitive health, but it is not whole story.

Fatigue contributes to restorative sleep and is common in the general adult population. It can be caused by many factors, among them respiratory dysfunction and sleep apnea. Survivors of polio with current or previous bulbar involvement may have more sleep apnea. As individuals who had polio age, involvement and weakness of muscles, such as respiratory muscles, previously thought to be unaffected may be present. As sleep apnea has been shown to be higher in individuals with previous polio than the general population, if you are experiencing sleep problems seek medical care.

There are things we all can pay attention to in order to have more restful, restorative sleep.

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**Recommendations from sleep experts**, such as Dr. Suzanne Bertisch, provide a road map for improving sleep hygiene. *From: Aging and Sleep: Making Changes for Brain Health. M O'Connor, Harvard Health Blog March 11, 2019.*

- ◆ Consistency matters. Train your body to sleep well by going to bed and getting up around the same time each day (even on weekends).
- ◆ Only sleep when you are sleepy. Do not spend too much time awake in bed.
- ◆ Pay attention to your sleep environment. Your bed should be comfortable. The room should be sufficiently dark and quiet. Some people use eye masks to block light. Some use white noise filters or ear plugs when there is noise in or near the bedroom. The temperature of your bedroom should be cool. A cool room with warm blankets is optimal for a good night's sleep.
- ◆ Reserve your bed for sleep (and sex). Avoid television, reading, or work activities while in bed.
- ◆ Avoid (or limit) naps. You need to be tired at bedtime. If you need a daytime nap, do this before 3 PM and for less than one hour.
- ◆ Avoid stimulants (coffee, cola, chocolate, and cigarettes) for four to six hours before going to bed.
- ◆ Limit alcohol intake for four to six hours before going to bed. Alcohol disrupts REM and slow wave sleep, which are important for memory.
- ◆ Avoid electronic devices with LED screens for at least an hour prior to bedtime. The blue light that comes from these screens interferes with the brain's natural sleep rhythms, and may trick your brain into thinking that it is daytime.
- ◆ Use rituals. Some people enjoy a hot bath one to two hours before sleep. Others use stretching or mindfulness practices in preparation for sleep.
- ◆ If you do wake during the night, don't remain in bed struggling to fall back to sleep. Get up and do something that may increase sleepiness (like reading) for about 20 minutes, and then return to bed and try to initiate sleep.

## Relationships between sleep, exercise and brain health.

The quality and quantity of sleep influences brain health. There is also a relationship between exercise and brain health, namely cognitive benefits (you will remember who you are quicker!) As we may not be able to engage in serious exercise, or are simply lazy, many individuals are interested in how little exercise is needed to maintain/gain sharpness of mind.

Recently it was shown that there was a relationship between mild exercise and the brain area, the hippocampus, a memory site. A short bout, 10 mins, of exercise resulted in increased neural activity in this memory area. While others considered the exercise intensity used in the study was not “very light” the authors responded they had used the gold standard for oxygen uptake.

More information regarding brain fitness can be obtained by reading the Harvard Blog Special Health Report *A Guide to Cognitive Fitness*. Till more research emerges, there can be no harm in doing at least 10 mins of exercise daily to help keep a fit mind! Perhaps also include a crossword.

Links: <https://doi.org/10.1073/pnas.1805668115> K.Suwabe et al; (<https://doi.org/10.1073/pnas/1818161115>, <https://doi.org/10.1073/pnas.1818247115>)

### Louise Gillis, polio survivor and championship curler!

Louise Gillis was smiling as she stood in the lobby of the Sydney Curling Club. That’s because the local curler was proudly wearing the *gold medal* her team, which she skipped, had won at the Canadian Visually Impaired Curling Championship in Ottawa on Feb. 8, defeating Ontario 8-1 in the finals.



Gillis has participated in 12 Canadian Visually Impaired Curling Championships over her career and has won bronze medals, but never won the title until this year. “It’s the first time the medal has been won by anyone outside of British Columbia or Ontario,” said Gillis of the gold medal. “We were very excited to be able to bring the gold medal to the Maritimes.” Along with Nova Scotia, the five-day tournament featured Team Canada, British Columbia, Saskatchewan, Manitoba and Ontario.

After the championship game, Gillis couldn’t help but think of the first year Nova Scotia had competed in the tournament 12 years ago. “When we came to the event for the first time, we had only been on the ice nine or 10 times and we had hoped to at least win one end,” said Gillis. In 2007, she had formed the first curling team for people with vision loss in Nova Scotia.

At 70, Louise Gillis, who uses a cane, is more active than many people half her age. On Mondays and Wednesdays, she curls in a house league at the Sydney Curling Club. She also volunteers with the Special Olympics, enjoys hiking, and paddles during the summer as a member of the Sydney Harbour Dragon Boat Club.

“There is life after vision loss,” said Gillis, who as the long time national president of the Canadian Council of the Blind also busily advocates for the more than 800,000 Canadians who are blind, including an estimated 1,000-1,200 people in Cape Breton.

<https://www.capebretonpost.com/news/local/cane-and-able-blindness-doesnt-stop-sydney-senior-from-living-active-life-279921/> Chris Connors (christopher.connors@cbpost.com)

Accessed 2019 03 27, edited version JMWalker.

## A life with the effects of poliomyelitis: Unexpected change.

Sheena Irwin-Carruthers, Nat.Dip. Physio, Tertiary Dip. Education (University of Pretoria), MSc (University of Cape Town).

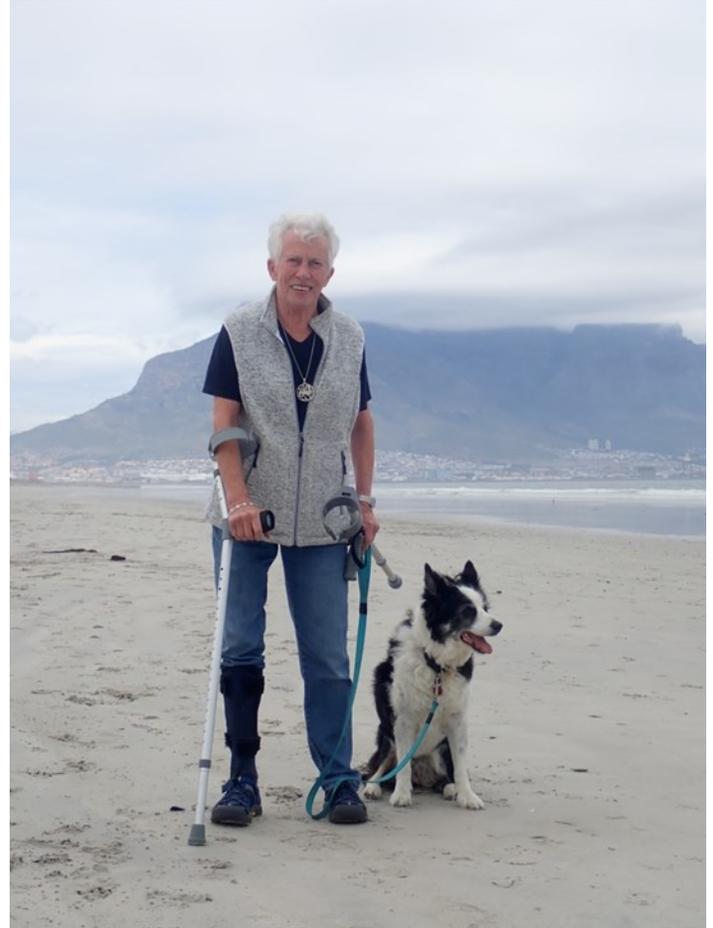
Yes, contracting poliomyelitis did change my life, but in unexpected ways. I had heard of polio when I was a child in England during World War II, although in those days it was referred to as Infantile paralysis.

I was eight years old when the war ended. I attended a boarding school at Malvern Girls' College which was situated at the foot of the Malvern Hills where we could go for long walks and in the winter sledging. This freedom ended in the summer of 1951, when an epidemic of polio hit the town. We were not allowed to leave the school grounds and the school swimming pool was closed for the summer.

After leaving school I studied nursing at St. Thomas' Hospital in London. In October 1956 I was working in the children's ward when a young boy was admitted with poliomyelitis.

*I was 19 years old when I contracted polio.* Most children had received the virus and, in the next phase, it was planned to extend vaccination to health professionals – too late! I had been training for the inter-hospital swimming gala, my main event being diving, so the muscles required for diving were the worst affected. Most of the muscles in my legs were affected and I had an asymmetrical paralysis of my trunk muscles.

After six weeks at St. Thomas' hospital, I was strapped onto a stretcher and taken by ambulance and train to a rehabilitation hospital in the Surrey countryside, where I spent the next seven months. I taught myself to ride a bicycle again before I could really walk independently. The only problem was starting off and stopping, which I could only do by hanging onto a tree or a telephone pole. Once discharged, I returned to St. Thomas' as medical secretary. At that stage I was walking with difficulty but could not get up from the ground if I fell. My cycling skills were still not too good and I surprised a policeman late one night when I crashed to the ground as I tried to stop for a red traffic-light. Having reassured himself that I was not drunk, and being kind enough to ignore the fact that I had no lights on, he then helped me up, held my bicycle for me whilst I mounted, and then pushed me off on my way.



Both in the rehab hospital and in the out-patient department at St. Thomas', my physiotherapist was a South African. Although I was still optimistic about getting stronger, I was still walking with two elbow-crutches and was getting frustrated at not being able to go back to nursing. In 1959, when my physiotherapist was returning to South Africa, she invited me to join her and I decided to do just that. We sailed to Cape Town, then had a 40-hour train trip to Pretoria.

I had not intended to spend more than a year in South Africa, but with only ten pounds in my pocket, I had to find work. I started with a couple of temporary jobs as a secretary, but then saw an advertisement for the post of assistant matron at a centre for cerebral palsied children who were academically limited. Three weeks after I started work, the teacher resigned due to illness. Over the following nine months *I had to multi-task and discarded my elbow crutches in order to keep my hands free.* My main interest was in trying to help the children to move and to be able to perform activities of daily living. During this time I realised what I wanted to do with my life – I wanted to study physiotherapy. To my surprise, despite my disability, I was accepted at a physio school affiliated to Pretoria University.

Becoming a student had its challenges. I rented an unfurnished room in a house with three other tenants, all men. I rode a bicycle to classes each day. I had an after-hours job, working for an import- and export company in the city. I cycled to them after classes, took down their documents, rode home, typed the documents, and then studied for the rest of the evening. In the morning I cycled back to the firm to deliver the work, and then on to classes. In my first year after qualification I held two jobs, working eight a.m. to one p.m. at the local school for cerebral palsied children and from two to six p.m. at the leper institute about twenty kilometres out of town.

One profession I had never intended to follow was teaching. Both my parents were teachers – enough said. In 1966, the physiotherapy school started to accept visually-challenged students, and asked me to become their tutor. I discovered that I really enjoyed tutoring them, and applied to do the Tertiary Diploma in Education at Pretoria University. During this time I also elected to have surgery (tendon transplants) on my right foot in order to improve my walking ability. After completing the diploma I joined the physiotherapy school as a lecturer. *As a direct result of having had to give up nursing after contracting polio, I had a new and very rewarding profession, as well as a new country.*

In 1969 I moved to Cape Town to take up a post of Lecturer at the University of Stellenbosch, eventually becoming Senior Lecturer and Head of Department. I also obtained an MSc from the University of Cape Town. *At this stage I had probably reached the point of my optimum recovery from polio. I had passed through stages of frustration at having to change my career and disappointment in no longer being able to take part in sports which I had previously enjoyed, but I was very happy in my profession.*

In England I studied the Bobath approach to the evaluation and treatment of children and adults with neurological problems and eventually qualified as a senior instructor in this approach. Teaching courses in many different countries opened the world to me as my fare was paid and, I could explore as well as teach. *My partner and I made a point of climbing a mountain in each country we visited. I used two hiking poles and sometimes it took over 10 hours to complete the climb and come back to base; a healthy person would do it in about 3-4 hours.*

When I retired from the University in 1999 I still continued travelling and teaching courses at home and abroad. *At about that time, friends started mentioning post-polio syndrome to me. I refused to consider that it would be a factor in my life.* I felt that my abilities were increasing rather than decreasing. I was only forced to consider it a few years later when I tripped and fell forwards during a hike. I had often fallen and had always managed to catch myself on outstretched arms. This time, my right elbow collapsed. This surprised me because, except in the acute phase, I had not thought that my upper limbs were affected. My last mountain climb was in 2007. *Since then I have had to admit that my friends were right in trying to limit intense exercise.*

I invested in bilateral ankle-foot orthoses with an anterior shell; I probably should have done so several years earlier. The right one supports my flail ankle and also reinforces a weakening quadriceps. The left one, by giving more stability at the foot, also helps with control of very poor hip muscles on the left. *Because of the asymmetrical distribution of my paralysis, it is easier to differentiate between signs relating to polio and those relating to old age (I am nearly 82).* Balance is now my greatest problem and I have recently discarded the left AFO because the only muscles which really contribute to balance are the left peronei, and the AFO prevented their use. My sense of balance is good but my muscles cannot contract strongly enough to prevent the occasional fall. In one fall I landed on my forehead and sustained a sub-dural haemorrhage in the occipital area, which did not help my balance.

On the other hand, increasing slowness in moving around is age-related! I am lucky in that I do not have any pain, apart from temporary pain related to falls. I have had no fractures except in my right foot. My vanity is bruised because I have lost more than 3cm in height over the past two or three years – I had not previously thought of the possibility that asymmetrical paralysis of the trunk would mean scoliosis in old age!

I retired from teaching in mid-2018. I have not ridden a bicycle for ten years but I drive a car and recently passed the five-yearly licence renewal test. I take my dog for a 3 kilometre walk on the beach every morning. I realise that I must be flexible in planning my life and that I may need a wheelchair at some stage. That will mean moving house because my cottage is in a remote area and the terrain is also not wheelchair friendly. Over the past two or three years I've become tired much more quickly, but just thought it was old age. What I've had for very many years (at least 50) is suddenly "losing" a muscle if I've been working it hard - usually my right hip flexors or right quadriceps. They just stop working.

*When I first developed polio, I resented the interruption to my life but fully expected to recover from it. It took a long time to discover that I would not, and that I might in fact get weaker as I got older. However, by that time I had a rewarding profession in a new country. As an added bonus I specialised in a direction that allowed me to teach in many other countries, have many exciting experiences and make life-long friends. In retrospect, although it may seem strange, I am glad that I had polio!*



## Sail Able Nova Scotia

Sail Able Nova Scotia helps persons with disabilities sail. Why? Because it's liberating and it's fun. Sail boats come alive and dance on the waves when their sails and rudder are set just right. Anyone can do this, given the opportunity. Some relish quiet recreational time on the water. Others want competition as well. Groups like Sail Able Nova Scotia, across Canada and worldwide, make this possible.

Sail Able Nova Scotia had 37 members in 2018. Our disabilities arose from various accidents, diseases or genetics. We have in common the joy of sailing. We sail the Martin 16, a boat purpose-designed for sailors with disabilities. It is a safe boat which is fun to sail. Depending on our disabilities, we may need to be hoisted into and out the boat. Some of us need electric windless "muscles" to set sails or steer the boat. We may control the windless by hand or by mouth, using a "sip and puff" system. Some of us need a sailing companion. Some can sail independently. Some had previous sailing experience. Others had none.

Sail Able Nova Scotia operates in July and August from dock space kindly provided by the Royal Nova Scotia Yacht Club (RNSYS), Halifax. Our sailing instructors are funded in part by Canada's Summer Jobs program. Last year Sail Able Nova Scotia and RNSYS jointly hosted the Clearwater Mobility Cup 2018 regatta (August 27-31). This attracted 32 sailors, their families and supporters from across Canada and the USA. We raced in Halifax Harbour, just off Point Pleasant Park. We had an entry-level Silver Fleet and a Gold Fleet. This international regatta was made possible by many local volunteers and major sponsors, including CN Rail, which hauled Martin 16s from across Canada to RNSYS. Sailors from away got to taste the salt in the air, to feel the ocean swells, and to encounter our marine life up close and personal. There's nothing quite like it.

I am the only Polio Nova Scotia member who is also a Sail Able Nova Scotia member. Why not join me in 2019?

Murray Brown

Contact information: Membership registration at BBQ in June at RNSYS, 376 Purcells Cove Road. See Facebook "Sail Able Nova Scotia" for date. Or phone 902-830-5290 or 902-499-9959.

### Preparation for Hoisting



Photo by Eric Boutilier-Brown

### Murray Sailing!



Source: Jason Everett

## The Fight Continues, Polio Eradication Update

Source: [www.polioeradication.org/Data and Monitoring/Poliothisweek.aspx](http://www.polioeradication.org/Data%20and%20Monitoring/Poliothisweek.aspx) accessed 19.03.19

### Cases of Wild poliovirus (WPV) type 1 & Circulating vaccine-derived poliovirus cases (cVDPV, Type 2)

	Year-to-date 2019	Year-to-date 2018	Total in 2018
	WPV cVDPV	WPV cVDPV	WPV cVDPV
Globally	6 1	3 1	33 105
-In endemic countries	6 1	3 0	33 34
-In non-endemic countries	0 0	0 2	0 71

By Country	Year-to-date 2019	Year-to-date 2018	Total in 2018
	WPV cVDPV	WPV cVDPV	WPV cVDPV
Afghanistan	2 0	3 0	21 0
Dem Rep Congo	0 0	0 2	0 20
Pakistan	4 0	0 0	12 0
Nigeria	0 1	0 0	0 34

### Environmental Testing

Three countries in 2018 had no cases of WPV but had ten or more cases of circulating vaccine-derived polio virus: Niger (10), Papua New Guinea (26) and Somalia (13). Most of these cases were detected by environmental sampling (sewage and similar areas). Environmental testing often confirms WPV infections in the absence of paralysis. Systematic and ad hoc environmental sampling provides important supplementary environmental data (19.03.19)

In Canada we take clean water pretty much for granted but it doesn't exist in many countries – provision is a critical factor in meeting the goal of eliminating poliomyelitis viruses world-wide.

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## Support organizations that promote global polio eradication and safe water access

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### Polio workers delivering oral polio vaccine face danger.

While there were no deaths of polio workers between April and the end of 2018, in Pakistan, in January 2 women were killed and March two men. In all four cases the workers were actively part of vaccination teams.

Efforts continue to dispel the belief that polio vaccination is “a western conspiracy to sterilize Muslims.”