

POLIO PARTICLES 15

Mary Westbrook

Court orders polio vaccination

In England the high court ruled, in two separate cases, that two girls be given vaccines appropriate to their age, against their mothers' wishes, after their fathers fought to have them immunised (Guardian 13/6/03). Both sets of parents are separated and the girls live with their mothers. The mothers argued that *immunisation involved unacceptable risks and that even if the court decided it was in the girls' best interests, it should not use its powers to make an order*. One mother had never been immunised herself and said she had not come to any harm and did not believe her daughter would. The other mother said that immunisation was a *total rejection* of her holistic approach to life. The judge ruled that the benefits of vaccination outweighed the risks and ordered that the girls be immunised against polio, diphtheria, tetanus, whooping cough, meningitis, rubella, measles, mumps and tuberculosis. The judge said that: *Where parents are in agreement that their child shall not be vaccinated, the law and doctors respect that view...The issue only arises before me because two sets of parents...are not in agreement.*

Conscientious objectors to immunisation in NSW

A unique feature of the Australian Childhood Immunisation Register (ACIR) is that it provides conscientious objection (CO) forms that parents can complete. The NSW Public Health Bulletin (Jan.-Feb. 2003) published a study by Brynley Hall and Peter McIntyre of immunization coverage and conscientious objectors in the state. They point out that all objectors do not register. This is particularly the case in economically advantaged areas where parents have less incentive to fill in the CO form so that they are eligible for means tested child-care benefits. The authors found that *immunisation coverage for children 'fully immunised at 12 months of age' for NSW was around 90%*. Outside Sydney coverage was lowest in the north coast areas of Lismore and Richmond-Tweed (including Byron Bay) and in the lower south coast which includes the Bega Valley. In Sydney coverage was lowest in the inner urban areas (as low as 77% in Mosman and less than 85% in Waverley, Wollahra, South Sydney, Ashfield and Strathfield). The proportion of the state's children fully immunised at 2 years of age is around 88% which is quite similar to the one year figure. The proportion of conscious objectors was only 0.4% of the number of children who were eligible for vaccination. However CO levels were particularly high in four areas; Lismore (4.2% of eligible children), Richmond-Tweed (3.1%), Port Macquarie, the upper Murray and Snowy Mountains, and the Blue Mountains. In Byron Bay 9% of children in the 1-2 age range are registered as COs. The authors conclude that immunisation rates in some areas of NSW are sufficiently low for outbreaks of disease to occur among groups of COs. This recently occurred on the Whitsunday islands where there was an outbreak of measles.

Destruction of stocks of polio virus

The New York Times (29/7/03) reported that WHO is attempting to discover what stocks of polio virus exist around the world and is encouraging laboratories to tighten controls to prevent accidental release of the virus. So far 80 countries have provided inventories. *Two countries—Oman and Vietnam—have destroyed all known stocks of the virus there. Many laboratories in eight other countries have destroyed their stocks, even though WHO has not required them to take this step. The eight countries are Albania, Bahrain, Cambodia, Hong Kong, Mongolia, Morocco, New Zealand and Singapore...Because polio virus is needed to manufacture the vaccine, a number of countries will need to maintain stocks of the virus. WHO is encouraging laboratories to destroy stocks of polio virus unless they are conducting top priority scientific projects or have a clear scientific reason for keeping the virus. Also, to prevent accidental infection or escape of the virus that could start new outbreaks, particularly in polio free countries, WHO is encouraging scientists to work with polio only in laboratories that are rated as P-3, the second strictest of the four levels of bio-security. Dr Bruce Aylward at WHO, said that obtaining reliable inventories 'is proving to be a big logistical challenge but very definitely a manageable one'.*

Recent polio statistics

In 2001 there were 483 cases of polio worldwide according to MMWR (Morbidity Mortality Weekly Reports) 25/4/2003. In 2002, polio cases increased to 1,920. This substantial rise was largely due to an epidemic in India. It began in Uttar Pradesh and spread to other states. This year there has been a new outbreak of polio in northern Nigeria that has spread to areas that had not had a case for since 2001. (Associated Press 23/10/03) A dozen children in neighbouring countries of Ghana, Niger, Togo, Burkino Faso and Chad have been paralysed. DNA from these patients' viruses traces all cases back to Kano in Nigeria. Overall Nigeria has had 178 of the 414 cases of polio that had occurred in the world that year up to October 14th. The outbreak began in Kano last summer. Experts blame insufficient immunisation coverage with only 16% of children vaccinated. For every child paralysed it is estimated between 200 -1,000 catch the virus. Bruce Aylward, who coordinates the Polio Eradication Initiative at WHO, is quoted as saying: *Nigeria has gone backward...and is the last major challenge on the road to global polio eradication.* WHO plans more polio immunisation days in December and January and greater surveillance of the disease. Of this year's cases, one was in Lebanon. This case (from India).was Lebanon's first case in ten years.

If the polio eradication program fails

The Guardian (15/5/03) discussed the problems of implementing the last stages of the WHO program to eliminate polio. Bruce Aylward, the program director, is quoted as saying: *In 2005 we may be looking at one of two things—the extraordinary accomplishment of the eradication of a disease, or looking back and saying we botched it—we were down to 2,000 cases and we didn't come up with the money to finish the job. That's what people don't understand—in ten years if we don't finish it, there won't be a thousand cases of polio. There will be a quarter of a million.*

P.D James mentions the late effects of polio

I have given examples in several *Polio Particles* of references to the late effects of polio occurring in popular literature. No doubt this reflects greater community knowledge of the problem but also spreads awareness. I am currently reading P D James latest murder mystery, 'The Murder Room'. In the book a character comments, *One would wish in old age to remember only the happiness of life. It doesn't work that way, except for the lucky ones. Just as polio can return in some form and strike again, so can the past mistakes, the failures, the sins.*

FDR's polio questioned

During October there were many media reports about an article in the *Journal of Medical Biology* by paediatric immunologist, Dr Armond Goldman and colleagues at the University of Texas. In it they argue that President Roosevelt had Guillain-Barre syndrome rather than polio. Guillain-Barre syndrome occurs after people have had a virus or infection and the body's immune system turns on brain neurones causing paralysis. They base their case on several facts. Firstly, FDR's age was 39 when he became ill and most polio cases were young children. Secondly, his pattern of paralysis (on both sides of the body) is more common in Guillain-Barre than polio. Also the immunologists argue that FDR's fever was accompanied by the onset of paralysis whereas in many polio cases the fever precedes the paralysis by several days. Goldman says that the fact that the weakness in the arms and face disappeared while the legs remained paralysed, the extreme pain and the bowel and bladder dysfunction, and the duration of the progression of FDR's paralysis all point to Guillain-Barre. However many neurologists and post-polio specialists disagree. *Newsday* (31/10/03) quoted Dr Allan Ropper, Chair of Neurology at Tufts University Medical School, who said: *the historical archives say that FDR could move one leg on a given day and not the next, which argues against Guillain-Barre. What's more adults were stricken by polio in the 1920s, even though most cases were children....fever is indicative of polio and not of Guillain-Barre.* Dr Lauro Halstead said he is not convinced by this new theory. Although the two illnesses share some symptoms, According to Halstead the onset of FDR's illness sounds like polio. He said that with Guillain-Barre, *recovery is sort of the rule. Most (though not all) folks recover quite nicely.* (*HealthDayNews* 30/10/03). Dr Dalakas, head of the Neuromuscular Diseases Section at the National Institute of Neurological Diseases and Stroke, USA, was quoted in the *LA Times* (31/10/03); *I think it's a significant stretch...Roosevelt's fever and other factors would strongly indicate polio, and contracting polio at Roosevelt's age would be unusual but not unique.* In any case FDR's diagnosis of polio, whether correct or not, was to result in millions not contracting polio. FDR helped found the March of Dimes that hired Dr Salk to work on a vaccine against polio

How polio shapes survivors' world views

Rhoda Olkin is an American psychologist who had polio. You may have read the chapters on psychosocial dimensions of polio and post-polio that she contributed to the book, *Managing Post-Polio* edited by Dr Lauro Halstead. Olkin has also written an excellent book, *What psychotherapists should know about disability.* (Published by

Guilford Press, 1999). There she talks about ways in which having polio has changed her world view. Having a *disability often forces an admission of personal vulnerability, an appreciation of how random events can happen to a person, and an altered relationship to probabilities*. Olkin tells how she contracted polio in 1954, one of two isolated cases in the state of Michigan. *A random event had happened to me. The occurrence of this event, the fact of its having happened, was a lesson to me: I learnt that lightening can strike and having learnt that could not unlearn it. This knowledge influenced how I viewed subsequent events. For instance, I was worried about having amniocentesis during pregnancy because of the risk of miscarriage. I was assured that the risk was low and was cited statistics, which I didn't find in the least bit reassuring. Why not? Because in 1954 only two people in the state of Michigan contracted polio, and I was one of them—those odds were minuscule, but they happened. It was a lesson to me in another way; I knew that many other people had not learned that lightening could strike them, and I both envied and disliked them for this. And in an odd way I felt I had special knowledge and prized this specialness...the fact of disability often forces an admission of personal vulnerability, an appreciation of how random events can happen to a person, and an altered relationship to probabilities.*

New book on Sister Kenny

Central Queensland University has recently published a 227 page book, '*Sister Elizabeth Kenny: Maverick heroine of the polio treatment controversy*', by Wade Alexander. The author is an American polio survivor who attributes his *almost complete recovery to my mother's very early application of Kenny's method during the acute stage of the disease*. In 1994 Alexander visited Australia to attend a conference and used the opportunity to discover what he could about Kenny. He found most Australians had never heard of her so he became determined to write her story: *How she grew up in Australia to become an exceptional woman, a nurse and a healer; developed a treatment for polio that helped many of its victims; and how she fought for it*. In the epilogue Alexander refers to Dr Robert Bingham's research of US army personnel during World War II which was published in the Journal of Bone and Joint Surgery in 1949. In this early identification of the late effects of polio Bingham described a *neuromuscular syndrome* that he had observed in 264 servicemen who complained of excessive pain and fatigue during training. Bingham found these men had mild deformities, moderate muscle weakness and occasional muscle atrophy. He coined the name fibrodystrophy for the condition and wrote that its etiology *is presumed to be abortive or non-paralytic attacks of anterior poliomyelitis during the patient's infancy or childhood*. The book sells for \$29.95 and can also be purchased by sending a cheque for \$31 payable to *Sister Kenny Committee* to Lorna Rickert, "Pine Lodge", 376 Rickerts Road, Mail Service 223, Nobby, Qld., 4360 (this covers postage). Interestingly although the author is American the book is currently not available on the US online bookstores.

Transforming lives of polio survivors in Madras

Millions of Indian people with mobility disabilities, many of them polio survivors, get around by using crutches, using improvised aids such as a platform on wheels or by

dragging themselves along the ground. According to a BBC report (25/2/03) it is rare to see a self-driven wheelchair in India. Three years ago Elizabeth Herridge, the wife of the UK deputy high commissioner in Madras, started teaching English at a school for disabled children. Since then she has started a scheme for wheelchairs to be shipped to India by British Aerospace Systems. Elizabeth says: *It started with one small boy here, who took half an hour to crawl down the wheelchair ramp to my class and I thought, we can do better than this, we can get him a wheelchair. Then I realized NOBODY had wheelchairs.* Visiting the UK she heard of a charity that runs community workshops in prisons. She asked for a hundred wheelchairs. *The inmates at the high-security Garth prison, in Lancashire, swung into action. To date, they have renovated 350 wheelchairs for Madras-each one tailor-made for a specific adult or child, their size and requirements....One of the adult recipients is Selvi, a polio patient in her late 30s who teaches at the school. All she had in the past is occasional use of a shared wheelchair pushed by someone else. 'I'll be able to move without any help now. I'll also be able to help the younger children, take them on my lap and wheel them around..And I can fold the wheelchair and take it on the train when I visit my home town'. The big hurdle now is to make India more wheelchair- friendly. Ramps are almost unheard of and pavements are appalling.*

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