



POST

Polio Post is Published Tri annually Executive Members 2019/2020

September 2020

President: Cheryl Currrie Programs: Lorna Richaud

Vice President: Wes Hazlitt Treasurer: Donna Remillard

Fund Raising: Doug Mihalyk Membership: Clare Simpson

Fire Safety/Privacy: Dolores Horobetz Phoning: Linda Wilkins

Newsletter: Cheryl Currie Newsletter Layout: George Tataryn

Directors: Christine Portelance Publicity: Don Lavallee

You may visit our website at www.postpolionetwork.ca or email us at postpolionetwork.@gmail.com

Presidents Report September, 2020

Our new reality is still in place; the changes in our lives have been immense and have had a large impact on our day to day lives. Wearing masks, keeping safe distances, frequent hand washing, disinfecting and sanitizing surfaces. Who would have thought how excited one would get finding Lysol wipes?

Because the COVID-19 pandemic still has its grips on us, the Board of Directors of Post Polio Network (Mb) Inc. has decided to cancel all meetings until March 2021. However, that will have to be revisited in the new year to ensure that members will be able to gather safely.

From Vera Lynne's "We'll Meet Again"

We'll meet again, don't know where, don't know when But I know we'll meet again some sunny day Keep smiling through, just like you always do Till the blue skies drive the dark clouds far away

Stay Home! Stay Safe! Save Lives!

The World Health Organization Declares Africa Polio-Free

BY JEFFREY KLUGER TIME MAGAZINE, AUGUST 25, 2020 10:36 AM EDT

obody will ever know the identity of the thousands of African children who were *not* killed or paralyzed by polio this year. They would have been hard to keep track of no matter what because in ordinary times, they would have followed thousands last year and thousands the year before and on back in a generations-long trail of suffering and death.

Instead, no African children were claimed by polio this year or last year or the year before. It was in 2016 that the last case of wild, circulating polio was reported in Nigeria—the final country on the 54-nation African continent where the disease was endemic. And with a required multi-year waiting period now having passed with no more cases, the World Health Organization today officially declared the entirety of Africa polio-free. A disease that as recently as the late 1980s was endemic in 125 countries, claiming 350,000 children per year, has now been run to ground in just two remaining places, Pakistan and Afghanistan, where there have been a collective 102 cases so far in 2020. That's 102 too many, but there is no denying the scope of the WHO announcement.

"Today's victory over the wild poliovirus in the African region is a testament to what can happen when partners from a variety of sectors join forces to accomplish a major global health goal," says John Hewko, general secretary and CEO of Rotary International. "[It is] something the world can and should aspire to during these turbulent times."

It was Rotary, an international nonprofit service organization, that kicked off the polio endgame in 1988 with the launch of the Global Polio Eradication Initiative (GPEI). That program aimed to leverage the power of Rotary's 35,000 clubs and 1.22 million members in 200 countries and territories worldwide to make polio only the second human disease—after smallpox—to pushed over the brink of extinction. The job was made easier by the partners Rotary immediately attracted: the WHO, the U.S. Centers for Disease Control and Prevention (CDC) and UNICEF. The Bill and Melinda Gates Foundation joined in 2007, followed by Gavi, the Vaccine Alliance, just last year. The 32-year initiative has depended on volunteer workers and charitable donations, which together have produced an army of 20 million field workers administering vaccines to over 2.5 billion children at a cost of \$17 billion.

QUESTIONS AND ANSWERS

Excerpt From Polio Regina Newsletter Summer 2020

reprinted from Dr. Bruno's "Bruno Bytes" Essential Tremors

Question: The neurologist diagnosed me with "essential tremors." Don't know why they call them "essential" because my shaking stops when I use my hands.

Dr. Bruno's Response: Essential tremor is when your hand or hands shake when you are using them to do something, like hold a cup. ET is the "opposite" of resting tremor, your hand(s) shaking when they are at rest and a symptom of Parkinson's disease. Essential tremor is not the same as muscle "stuttering" in polio survivors. When you are asked to push against someone's hands during a manual muscle test, easily fatigued polio-damaged motor neurons can misfire and cause a muscle to rhythmically turn on and off. This misfiring is often confused with an essential tremor, but it is not. Misfiring happens in the spinal cord and essential (and resting) tremor comes from the brain. Incorrectly diagnosing essential tremor in polio survivors not only overlooks underlying muscle weakness but often leads to the prescription of a beta blocker (like propranolol) that is a cause of increased fatigue in polio survivors and should be avoided. Polio Survivors Having Lower Immunity

Question: A friend of mine insists that post-polio patients have a lowered immunity. I have never heard of this.

Answer: Polio does not cause lowered immunity. This is only an anecdotal finding but I have always been surprised that Post-Polio Institute patients didn't catch bugs floating around while non-polio survivors got sick. This doesn't mean that you shouldn't discuss with your local doc getting the flu and pneumonia vaccines.

DISCUSSION: Dr. Bruno et al showed in their 1984 study showed polio survivors are twice as sensitive to pain as nonpolio survivors. You need to have a higher tolerance or you couldn't survive. It has been known since the 1970s that we have receptors in our brains that respond to the body's own morphine-like, painkilling opiates, endorphins and enkephalins, and that these receptors increase in number to help us cope with long term, severe pain. The more opiate receptors there are in the brain, the higher the ability to withstand the pain. The problem for polio survivors is that the poliovirus killed off the brain and spinal cord neurons that produce the body's own opiates. So, polio survivors can't "medicate" themselves against pain no matter how many opiate receptors they produce. It is like having ten, one-dollar bills (the endorphins and enkephalins) and 100 banks (the anti-pain opiate receptors) that want them. The ten, one-dollar bills only go so far; 90 "banks" are going to go without. That is why polio survivors need more pain medication than non-polio survivors to fill the empty opiate receptors.

Members Page

Upcoming Events

Due to COVID - 19 concerns; all

Post Polio Network (MB) Inc.

events have been cancelled.

Do you have an interesting story to tell?

Or do you know any good jokes, inspirational or humorous quotes or poems? Then you are invited to email them to:

<u>postpolionetwork@gmail.com</u> or mail them to:

Post-Polio Network (Manitoba) Inc. C/O SMD Self-Help Clearinghouse 825 Sherbrook Winnipeg, MB, R3A 1M5

Laughs for Today

Married Four Times

The local news station was interviewing an 80-yearold lady because she had just gotten married for the fourth time.



The interviewer asked her questions about her life,

about what it felt like to be marrying again at 80, and then about her new husband's occupation. "He's a funeral director," she answered. "Interesting," the newsman thought... He then asked her if she wouldn't mind telling him a little about her first three husbands and what they did for a living.

She paused for a few moments, needing time to reflect on all those years. After a short time, a smile came to her face and she answered proudly, explaining that she had first married a banker when she was in her 20's, then a circus ringmaster when in her 40's, and a preacher when in her 60's, and now - in her 80's - a funeral director.

The interviewer looked at her, quite astonished, and asked why she had married four men with such diverse careers.

She smiled and explained, "I married one for the money, two for the show, three to get ready, and four to go."

A Perfect Marriage?

A man and woman had been married for more than 60 years. They had shared everything. They had talked about everything. They had kept no secrets from each other, except that the little old woman had a shoe box in the top of her closet that she had cautioned her husband never to open or ask her about.

For all of these years, he had never thought about the box, but one day, the little old woman got very sick and the doctor said she would not recover.

In trying to sort out their affairs, the little old man took down the shoe box and took it to his wife's bedside.

She agreed that it was time that he should know what was in the box. When he opened it, he found two crocheted dolls and a stack of money totaling \$95,000.

He asked her about the contents. "When we were to be married," she said, "my grandmother told me the secret of a happy marriage was to never argue. She told me that if I ever got angry with you, I should just keep quiet and crochet a doll."

The little old man was so moved; he had to fight back tears. Only two precious dolls were in the box. She had only been angry with him two times in all those years of living and loving. He almost burst with happiness.

"Honey," he said, "that explains the dolls, but what about all of this money? Where did it come from?"

"Oh," she said. "That's the money I made from selling the dolls."

MANITOBA SENIOR'S GUIDE

The Manitoba Seniors' Guide is produced and distributed by the Seniors and Healthy Aging Secretariat and the Manitoba Council on Aging. The Seniors' Guide is available online at www.gov.mb.ca/shas. If you have questions or would like to obtain a hard copy of the Seniors' Guide, contact the Seniors Information Line at 204-945-6565, 1-800-665-6565 or seniors@gov.mb.ca.

SENIORS AND HEALTHY AGING SECRETARIAT

- promotes the health, independence and wellbeing of older Manitobans
- provides information and referrals to older adults, family, and professionals
- leads the development/implementation of the Age-Friendly Manitoba Initiative
- works collaboratively to ensure the concerns of older Manitobans are reflected through a comprehensive framework of legislation, policy and program
- provides support to the Manitoba Council on Aging and Caregiver Advisory Committee

RESOURCES FOR SENIORS WITH DISABILITIES (EXCERPT FROM GUIDE)

-INDEPENDENT LIVING RESOURCE CENTRE (ILRC) The ILRC helps people with disabilities identify their needs and work towards solutions. The ILRC offers several programs and services: • information and referral services • peer support • independent living skills • Personal Care Assistance Attendant Care Training Program (PACE) • volunteering • self and family managed care • brokerage • advocacy. For more information, contact: Independent Living Resource Centre 311A–393 Portage Avenue Winnipeg, MB R3B 3H6 Phone: 204-947-0194 (TTY/TDD) Toll Free:1-800-663-3043 Email: thecentre@ilrc.mb.ca Web: www.ilrc.mb.ca

-LIVING IN MANITOBA: A RESOURCE GUIDE FOR WOMEN WITH DISA-BILITIES The resource guide gives Manitoba women who live with disabilities information, resources and contacts that meet a variety of their needs. It was developed in collaboration with the Manitoba Disabilities Issues Office. For a printed copy in English or French, contact the Manitoba Status of Women: Phone: 204-945-6281 Toll Free:1-800-263-0234 Web: www.gov.mb.ca/msw/publications/ wom-

ens_disability_guide.pdf

-MANITOBA LEAGUE OF PERSONS WITH DISABILITIES (MLPD) The MLPD is a membership organization representing the concerns of people with all types of disabilities in Manitoba. It supports Manitobans with disabilities with social policy research and consultation, public education programs, information, referrals and class advocacy. For more information, contact: Manitoba League of Persons with Disabilities 105–500 Portage Avenue Winnipeg, MB R3C 3X1 Phone/TTY: 204-943-6099 Toll Free: 1-888-330-1932 Email: mlpd@shawcable.com Web: www.mlpd.mb.ca

MANITOBA POSSIBLE (Previously SMD). Manitoba Possible continually develops, maintains and delivers relevant services that help people gain independence and community support. Programs and services offered include: • wheelchair services (see page 49) • parking permit program (see page 134) • travel assistance program • assistive technology support program and funding guide • adult services (counselling, employment support, computer training) • education • ethno-cultural services



Hi,

It was announced late last week that I will be moving to the role of Director, Human Resources for Manitoba Possible. I will begin this new role at the start of September. For the month of August, I will continue to be responsible for the Clearinghouse and I will work with my Director, Lindsey Cook, for a transition plan. Aline will continue to provide office admin support for your groups. I've thoroughly enjoyed working with each group and I've learned a lot while being in the Clearinghouse. I hope to connect with each group somehow this month before I leave. Thank you.

If you have any questions or concerns, please contact me.

Take care,

Derek Day

Manager, Community Inclusion and Support Services

Post-polio syndrome - Symptoms and causes - Mayo Clinic

Excerpts from www.mayoclinic.org January 29, 2020

Post-polio syndrome refers to a cluster of potentially disabling signs and symptoms that appear decades — an average of 30 to 40 years — after the initial polio illness. However, people who had polio at a young age might get post-polio syndrome. Common signs and symptoms of post-polio syndrome include: Progressive muscle and joint weakness and pain, General fatigue and exhaustion with minimal activity, Muscle atrophy, Breathing or swallowing problems, Sleep-related breathing disorders, such as sleep apnea, Decreased tolerance of cold temperatures. In most people, post-polio syndrome tends to progress slowly, with new signs and symptoms followed by periods of stability. See a doctor if you have increasing weakness or fatigue. It's important to rule out other causes of your signs and symptoms and determine whether you have post-polio syndrome.

There are several theories as to what causes post-polio syndrome, but no one knows for sure. When poliovirus infects your body, it affects nerve cells called motor neurons — particularly those in your spinal cord — that carry messages (electrical impulses) between your brain and your muscles. A polio infection often damages or destroys many of these motor neurons. To compensate for the resulting neuron shortage, the remaining neurons sprout new fibers, and the surviving motor units enlarge. This promotes recovery of the use of your muscles, but it also pushes the nerve cell body to nourish the additional fibers. Over the years, this stress may be more than the neuron can handle, leading to the gradual deterioration of the sprouted fibers and, eventually, of the neuron itself.

Factors that can increase your risk of developing post-polio syndrome include: Severity of initial polio infection, Age at onset of initial illness, Greater the recovery, Excessive physical activity.

Post-polio syndrome is rarely life-threatening, but severe muscle weakness can lead to complications: Falls. Weakness in your leg muscles makes it easier for you to lose your balance and fall. You then might break a bone, such as a hip, leading to other complications. Malnutrition, dehydration and pneumonia. People who've had bulbar polio, which affects nerves leading to muscles involved in chewing and swallowing, often have difficulty with these activities and have other signs of post-polio syndrome. Chewing and swallowing problems can lead to inadequate nutrition and to dehydration, as well as to aspiration pneumonia, which is caused by inhaling food particles into your lungs (aspirating). Chronic respiratory failure. Weakness in your diaphragm and chest muscles makes it harder to take deep breaths and cough, which can cause fluid and mucus to build up in your lungs. Obesity, smoking, curvature of the spine, anesthesia, prolonged immobility and certain medications can further decrease your breathing ability, possibly leading to a sharp drop in blood oxygen levels (acute respiratory failure). You might then need treatment to help you breathe (ventilation therapy). Osteoporosis. Prolonged inactivity and immobility are often accompanied by loss of bone density and osteoporosis in both men and women. If you have post-polio syndrome, talk to your doctor about bone-density screening.

Membership Application Form



Name:	
Address:	
City:Province:	
Postal Code:	
Telephone:E-mail:	<u> </u>
Please check one or more of the following options:	
New Membership -	\$15/year for 20
Membership Renewal -	\$15/year for 20
I wish to make a charitable donation of	\$
(Tax deductible receipt will be issued for donation	ons over \$10.00.)
	Total \$
Please make cheque payable to: Post- Polio Network M	b. Inc.
Your NEWSLETTER delivery preference by:mail or _	email
Please mail this application form and cheque to:	
Post-Polio Network, 825 Sherbrook St., Wpg. Mb	o. R3A 1M5
For further information please phone 204-975-3037	
Signature	 Date

Post-Polio Network's Privacy Policy

The Post-Polio Network (Manitoba) Inc. respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information provided will be used to deliver services and to keep you informed and up to date on the activities of the Post-Polio Network (Manitoba) Inc.

You may visit our website at: www.postpolionetwork.ca or email us at postpolionetwork@gmail.com If at any time you wish to opt out of any services, simply contact us by phone (204-975-3037) or write us at 825 Sherbrook St., Wpg. Mb. R3A 1M5 and we will gladly accommodate your request.