

# POLIO



# POST

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## **Presidents Report May, 2021**

As the third wave of the COVID-19 Pandemic is upon us, we all are tired and stressed by the lifestyle changes that we are presently living with and have been for more than a year now. Never would we have imagined that we would live through another pandemic. At this point in time, we can only wish to visit or hug our grown children, grandchildren or friends. Confusion regarding vaccines has caused some vaccine wariness among the general public; but, it is these vaccines that will help us return to our “new normal” lifestyle. Even when there is “herd immunity”, will our lifestyles will ever be exactly as they were before COVID??

However, at this point, we can't change things so we have to accept the limitations that have been imposed on us. So, it is up to ourselves to find joy in those things that we can do. Polio survivors are used to being challenged and I'm positive that we can meet the challenges that we are facing due to COVID. Please follow the protocols and stay safe.

Since April of this year, March of Dimes Canada has been running **Virtual Polio Support Group** meetings every Wednesday at 2 PM CST. Their mission is to provide support for polio survivors Canada-wide. If you are interested in participating the Virtual Support Group, meetings are conducted for free over Zoom, and can be attended by phone, tablet, or computer. They are a great opportunity to meet new people and reconnect with others, and to share and learn about new resources and information. If you are interested in participating, please let us know. Please call the PPN office and leave your contact information. TELE: 204 975 3037.

Do you have a friend, a relative or yourself that would be willing to volunteer to join PPN's Board of Directors as Treasurer? Please consider helping out. Thanks loads.

# World Health Organization

Excerpts from: **Statement of the Twenty-Seventh Polio IHR Emergency Committee**  
19 February 2021 Statement

The twenty-seventh meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus was convened via video conference by the WHO Director-General on 1 February 2021. The Emergency Committee reviewed the data on **wild poliovirus (WPV1)** and circulating **vaccine derived polioviruses (cVDPV)**.

**WILD POLIO VIRUS:** The committee noted that the rising incidence of global WPV1 cases seen since 2019 may have peaked with 140 cases in 2020 as at 21 January 2021 compared to 137 cases that had occurred in 2019. The increase in Afghanistan is likely due to the growing cohort of missed children throughout the country due to local vaccination bans and the effect of COVID-19. The number of positive environmental samples as increased from 463 in 2019 to 503 so far in 2020. Routine immunization and polio prevention activities have both been adversely affected by the COVID-19 pandemic and the risk of international spread may be at the highest level since 2014. The risk of international spread of WPV1 appears to be currently very high. Factors include: the ongoing inaccessibility to many provinces of Afghanistan; vaccine hesitancy, the four months pause in polio vaccination due to COVID-19 pandemic, the second wave of COVID making interventions more difficult and the difficulties in supplying vaccines due to the pandemic.

**CIRCULATING VACCINE DERIVED POLIOVIRUS (cVDPV):** The committee was very concerned that cVDPV2 continues to spread rapidly. The number of cases in 2020 is 1009, 254% higher than the total for 2019. The Global Polio Laboratory Network routinely analyzes and tracks vaccine derived polioviruses just as it does wild polioviruses, to assist the polio program to identify the patterns of spread thereby provided opportunities to limit or prevent the circulation.

## Manitoba 55+ Games

Excerpt from *Senior Scope*, May 21 issue

While a large in-person event is not on this year, imagine yourself participating in some MB 55+ Games related activities close to home. There are some fun activities you still can do safely within your communities and individual bubbles as you abide by the current public health orders. One exciting opportunity to re-engage and be a participant again this year is the 2021 Manitoba 55+ Games presented by PlayNow (virtually June 14 – July 16, 2021).

Active Aging in Manitoba (AAIM), inspired by past participants who have found ways to stay active, safely and close to home, has developed a virtual serving of the Manitoba 55+ Games for 2021.

Choose from the following events: Walk or Run at Your Own Pace; Nordic Pole Walk at Your Own Pace; Cycle at Your Own Pace; Bocce Ball; Racket Sports: Pickleball, Badminton or Tennis; 9 Hole or 18 Hole Golf; Horseshoes; Brain Health Games: Cribbage, Whist or Scrabble; Arts & Crafts (including projects started in 2021).

To register for the 2021 Manitoba 55+ Games presented by PlayNow, fill out the registration form available on the Active Aging (AAIM) website at [www.activeagingmb.ca](http://www.activeagingmb.ca) and send it to the MB 55+ Games office by mail to: AAIM, 1075 Leila Avenue, Winnipeg, MB R2P 2W7 or email to: [manitoba55plusgames@gmail.com](mailto:manitoba55plusgames@gmail.com).

You will need to keep a record of your Games activity on the Manitoba 55+ Games Physical Activity Tracker, also available to download from the AAIM website. When you have completed your Manitoba 55+ Games Physical Activity Tracker send it to the MB 55+ Games office to be eligible for active aging prizes. If you do not have access to internet you can request a registration form by calling the MB 55+ Games office at 204-261-9257 or toll-free at 1-866-202-6663.

# Nutrition, Food and Dining Experience in Aged Care

Excerpt from Polio Australia; Vol 11, Issue 1, Mar 2021

By Melinda Overall JP Nutritionist and Counsellor

On 18 March 2021, The Australian Department of Health partnered with the Maggie Beer Foundation to host the National Congress on Nutrition, Food and the Dining Experience in Aged Care. The goals of the Congress were to bring a diverse group of stakeholders together to discuss best practice and key issues in the provision of nutrition, food and the dining experience in aged care homes.

Malnutrition is a complex beast, but a 2017 report found that a staggering '68% of people receiving residential aged care are malnourished or at risk of malnutrition'. This puts aged care residents at greater risk of falls, poor immunity, mild cognitive impairment, slower healing times, cachexia\* and sarcopaenia\*, to name but a few health risks increased by malnutrition.

Issues raised at the Congress that were specific to polio survivors included:

Late Effects of Polio (Post-Polio Syndrome) — these signs and symptoms can return after 'recovery' from poliomyelitis and can include: muscle weakness and sarcopaenia, joint and muscle pain and fatigue, difficulty swallowing, loss of overall physical function and arthritic and degenerative decline.

-Swallowing issues — swallowing issues are common in the general population especially in their 90s. For polio survivors however, swallowing issues are more apparent in their 70s and this may be due to the late effects of polio. Polio survivors may require more support from speech therapists earlier than the general population.

- Fatigue is more apparent in late afternoon or early evening for polio survivors — therefore main/largest meals might be best served at lunch time. This is especially important for polio survivors as generally their swallowing capacity may decline over the day so larger meals are better suited to earlier in the day.

- Polio Comorbidities — due to general lack of mobility, polio survivors can be more at risk of developing other health issues such as overweight/obesity, type 2 diabetes, cardiovascular disease, sleep apnoea, dislipidaemia\*, osteopaenia/osteoporosis, sarcopaenia and arthritis. This needs to be considered in menu planning.

- Polio survivors have a greater need for high quality protein to help prevent sarcopaenia than the general population.

Other more general issues/suggestions raised during the Congress included: the need for more staff in aged care homes, staggered mealtimes to support residents who require more support with eating, Improving the quality of food, improving the presentation and palatability of food generally but specifically regarding texture modified food, improving socialisation around meals — including family members in mealtimes and improving the look and feel of dining areas in homes, promotion of choice in the dining experience including seeking input from residents for menu planning, reducing reliance on nutritional supplementation, improving dental hygiene and care for residents, allowing dietitians, nutritionists, dentists and speech pathologists into kitchens.

\***Sarcopenia** is a syndrome characterized by progressive and generalized loss of skeletal muscle mass and strength

\***Cachexia** weakness and wasting of the body due to severe chronic illness.

\***Dyslipidemia** is defined as elevated total or low-density lipoprotein (LDL) cholesterol levels, or low levels of high-density lipoprotein (HDL) cholesterol.

# Members Page

## Upcoming Events

Due to COVID-19 restrictions and health and safety concerns, Post Polio Network has no upcoming events scheduled.

When restrictions are lifted and it is safe for our members to attend a public function, Post Polio Network will advise members of any upcoming events. There will be a general mail out to all our members will advise all the details of the event

## PASSAGES

We are sorry to say that

**Jean Rozwadowski** of Saskatoon, Saskatchewan passed away in December. We send our condolences to her family and friends.

### ***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:*

[postpolionetwork@gmail.com](mailto:postpolionetwork@gmail.com) or mail them to:

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

## Laughs for Today

The artists of the 50's are revising their lyrics to new lyrics to accommodate baby boomers. Here's a few:



1. Herman Hermits: Mrs brown you've got a lovely walker
2. The BeeGees: How can you mend a broken hip
3. Bobby Darin: Splish Splash I was having a flash
4. Ringo Starr: I'll get by with help from depends
5. The Commodores: Once, twice, three times to the bathroom
6. Marvin Gaye: Heard it from the Grape Nuts
7. Leo Sayer: You make me feel like napping
8. Willie Nelson: On the commode again
9. Procol Harem: A whiter shade of hair
10. Johnny Nash: I can't see clearly now
11. Helen Reddy: I am woman hear me snore
12. Abba: Denture Queen

## DO YOU HAVE BEES AND WASPS IN YOUR YARD

(NOTE: This "hack" may work so give it a try). There is a solution to your bee and wasp troubles. The best part is that you only need a few plastic bags and a brown paper bag. So not only is it effective; but, it's cheap.

Once you have everything you need, the first step is to stuff the paper bag with plastic bags to make it look as "puffy" as possible. When you complete this step, tie a knot on the top of the paper bag and tie it in a high place. You've just created your very own hornet's nest—and bees and wasps do not like hornets. Hornets are known to kill bees and wasps which mean that bees and wasps will likely want to avoid this "nest" at all cost.

Being a non-lethal method is crucial to keep bees and wasps safe. Killing them is cruel and can even affect the environment. Bees and wasps are pollinators. In fact, they are the reason why we enjoy some of the most delicious fruits and vegetables. Bees and wasps only go out in the summer. Summer is the time that they produce honey and they use the honey to feed their colonies in the winter.

Honey is quite nutritious and healthy; so killing a bee or a wasp is not exactly a way to contribute to a more eco-friendly world.

## Excerpts from: SURVIVORS AT RISK

### Polio survivors with post-polio syndrome fear history could repeat itself

By Donna Carreiro, CBC News, Mar 29, 2020

(EDITOR'S NOTE: Unfortunately, we lost Pat McNeill in October 2020)

It was an epidemic that thrived on crowds, targeted the vulnerable and had the viral might to close schools, shut down playgrounds and hold entire households hostage. It wasn't, however, COVID-19 – it was poliomyelitis, aka polio. And its survivors today face a haunting déjà vu with this new pandemic.

"The coronavirus is threatening to us," says Terry Wiens. Pat McNeill is more blunt; "I probably would not live if I got it." Both of them are watching with weary eyes as this COVID-19 pandemic plays out. They've been down this viral road before. McNeill contracted polio in 1947. Wiens got it in 1953.

In the first half of the 20th century, wave after wave of polio epidemics terrorized North American families. In 1953 more than 2,300 Manitobans contracted polio. Eighty-five of them died. By the time the last epidemic had waned in 1956 tens of thousands of Canadians had contracted polio-6,000 of them were from Manitoba.

"You see people today saying there has never been anything like this, but there's been something like this," says polio survivor Myrna Penner.

Like COVID-19, polio was highly contagious — though it spread through contaminated food and water, as opposed to respiratory droplets; polio ravaged the vulnerable, though usually younger people rather than older adults, the epidemic closed schools, theatres and churches.

And still the virus spread.

Myrna Penner was a 10-year-old in Winkler, Man., at the time. "It went fairly quickly. It felt like the flu," she recalls. "A very bad headache and neck ache." "I got up and just crumbled to the floor. I couldn't walk."

Wiens was a three-year-old in St. Boniface. "They thought I had the flu, too" he says. "They wasted seven days treating me for the flu."

Pat McNeill was just two when she got sick. "Both my legs and arms were paralyzed," McNeill says. "I was basically in and out of hospital until I was able to go to school."

But today there's something more insidious than the memories of polio that defined their childhood. Now COVID-19 threatens to hijack their senior years.

#### ***Post-polio syndrome***

Many of them live with post-polio syndrome, a debilitating condition that picks up where the polio left off. And so the epidemic of their past now leaves them physically vulnerable to this newest epidemic.

"There's a lot of talk about how threatening the coronavirus is to post-polio people," Wiens says, "because of the wear and tear on the body."

"This sickness going around, it's really bothering me," McNeill says. "I can't risk getting it."

But there is no end in sight to the immediate pandemic – and with never-ending memories of the earlier epidemic, polio survivors are bracing for the worst.

donna.carreiro@cbc.ca.

Source: <https://www.cbc.ca/news/canada/manitoba/covid-19-is-threatening-to-us-past-epidemic-leaves-survivors-at-risk-1.5510947>

# NATIONAL PHARMACARE

Excerpt from article written by Teresa Wright, The Canadian Press  
Published Tuesday, May 11, 2021 5:36AM EDT

**O**TTAWA -- Doctors and nurses on the front lines of Canada's health system are sounding the alarm after the Liberal government appears to have put its promise of a national pharmacare program on the back burner. When the Trudeau government delivered its first federal budget in two years last month, it included more than \$100 billion in new spending over the three years. But while there was one brief mention of pharmacare in the 739-page document, it only re-stated a commitment from the 2019 budget of \$500 million for a national program for high-cost drugs for rare diseases.

The Liberals campaigned on a promise to “take the critical next steps to implement national universal pharmacare” in their 2019 election platform, and similar commitments have since appeared in throne speeches and mandate letters to the federal health minister.

In 2019, an expert panel appointed by the Liberals recommended a universal; single-payer public pharmacare system should be created in Canada to replace the current patchwork of prescription drug plans. This panel, which was led by former Ontario health minister Eric Hoskins, reported that such a plan would result in savings of an estimated \$5 billion annually. Canadians spent \$34 billion on prescription medicines in 2018, the panel report said; adding drugs are the second-biggest expenditure in health care after hospitals.

Emergency room doctors and primary care physicians see patients every day whose health conditions have worsened from trying to ration medications they can't afford. “And it's sad because arguably a child did not need to come into the emergency department if they had sufficient medication at home.”

Some provinces and territories have also been lukewarm toward the idea of pharmacare, pushing instead for increases to federal health transfers. Sharon Batt, adjunct professor of bioethics and political science at Dalhousie University and a health policy expert, attributes this resistance to the reason Ottawa is instead focusing its efforts on creating a program to fund medications for rare diseases, which has more political buy-in.

Budget 2021 commits to work with provinces and stakeholders to “build on the foundational elements that are already in progress, like the national strategy on high-cost drugs for rare diseases, toward the goal of a universal national program.”

Ottawa has established a “transition office to create a new Canada Drug Agency and a national formulary” and officials are currently working with provinces and experts to create a drug plan for Canadians with rare diseases, with a target launch date of 2022-23.

Dr. Bechard at the children’s hospital in Ottawa said she doesn't understand how pharmacare has seemingly fallen off the radar when she believes the case for bringing in a national medicare plan is “even more dire” due to COVID-19. “The pandemic has brought with it massive amounts of job losses and unemployment, and in our current system people rely on employment to get coverage for medications,” she said. “Arguably now, more than ever, we need to have national, universal pharmacare to make sure that people can actually access the meds they need to stay healthy.”

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## MANITOBA POSSIBLE ANNOUNCEMENT

**B**ill Muloin, Manager of Community Inclusion and Support Services, has introduced Rebecca Janzen to the members of the Clearinghouse. Rebecca has joined Manitoba Possible as the new Clearinghouse Admin Assistant. With COVID restrictions Rebecca will have the option to work on-site and at home. Post Polio Network is pleased to welcome Rebecca to the Clearinghouse self help group at Manitoba Possible. PPN wishes Rebecca GOOD LUCK at her new position.

# EASING THE WAY FOR DRIVERS WITH CHRONIC PAIN

By Sue Hewitt [www.ra.cv.com.au](http://www.ra.cv.com.au) - 15<sup>th</sup> January 2021

Excerpt from: Polio Australia; Vol 11, Issue 1, Mar 2021

**A**djust your driving position. Sometimes simply adjusting your seat and mirrors can ease pain, but do it before you set out on a drive. If you're suffering ankle or foot pain move your seat forward to ensure you're pushing pedals with your entire foot, not just the toes, and adjust the seat height so you can reach the pedals easily. Once the seat is adjusted ensure you have good visibility using your mirrors and windows. Know your medications Check with your medical professionals and understand that medications can affect a driver's concentration, reaction time and coordination, or make them drowsy. People with multiple health problems may have different medications that adversely react with each other so check with your GP. Avoid drinking alcohol which can aggravate medication side-effects.

Take a break. Long trips often aggravate pain and drivers should stop at least once an hour, get out and stretch or massage tight muscles. Build short breaks into a long journey and use the time to check out local sights.

Pain is tiring and can lead to fatigue which will affect driving ability. Never drive if you're feeling fatigued

or 'foggy'. Consider aids and devices. An occupational therapist can help advice on aids and devices to make driving more comfortable. They include:

1. A swivel-seat cushion placed on top of your car seat. You sit down on the cushion with your body facing out and then swivel your body and legs around to face the dashboard.
2. A lumbar back support pillow or a rolled-up a towel to support your lower back.
3. A steering wheel cover to make the steering wheel easier to grip if you have stiff, sore hands.
4. A (gas) petrol-cap turner to twist the (gas) petrol cap on or off will also help those with bad hands.
5. Grab handles and bars can be added to your car to make getting in and out easier.
6. Reversing cameras and parking sensors are standard in many new cars and can be added to older ones. They make parking and reversing easier if you have problems twisting, turning your neck or looking over your shoulder.

## CPVID -19 Vaccine Information for Polio Survivor

From the PHI medical advisory committee, Excerpt from: Post Polio Health Winter 2021, volume 37 number 1

**R**emember knowledge about the COVID 19 virus is only about one year old and is continually being updated, which means information and recommendations sometimes change from month to month. Your primary care physician is the best source of information of what will be recommended for YOU and your particular situation.

Most people who contracted polio in the USA or Canada are over age 65 and therefore are in the "high Risk" group, which generally places polio survivors high on the priority list to be offered the vaccine.

With the two dose vaccine, studies have shown that less than 50 % immunity two weeks after the first dose which rises to greater than 90% protection two weeks after the second dose. But precaution is still necessary. The British Polio Fellowship summarizes precautions as "HANDS, FACE, and SPACE" and to continue the precautions until enough people have received the vaccine to minimize the risk of exposure from the general public.

When all the vaccines become available which one(s) should you get: **THE FIRST ONE THAT BECOMES AVAILABLE TO YOU, REGARDLESS OF WHETHER ONE OR TWO DOSES. (check with your physician for advice)**

# Membership Application Form



Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 donations over \$10.00.)*

Total \$ \_\_\_\_\_

*Please make cheque payable to: Post- Polio Network Mb. 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. R3A 1M5*

*For further information please phone 204-975-3037*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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You may visit our website at: [www.postpolionetwork.ca](http://www.postpolionetwork.ca) or email us at [postpolionetwork@gmail.com](mailto:postpolionetwork@gmail.com)

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