

# Polio and Post-polio in The Netherlands

## The Past

Since 1924, doctors in The Netherlands have had to report poliomyelitis under the Law on Infectious Diseases. Most years the number of cases was relatively low, but some years showed peaks.

Peak Years	Reported Cases	Number per 100,000 Population
1943	1,931	212
1944	1,218	133
1952	1,713	165
1956	2,206	203

A number of these polio survivors fully recovered or were left with mild limitations. In most cases, they were able to achieve positions in society and to live productive lives, including those who have used appliances for years.

In 1957, the Salk vaccine was introduced as part of the National Vaccination Programme. For some years following, all children born after 1945 were vaccinated in a "catching-up" campaign. From then on, all babies were vaccinated within the programme. This is how, in the long run, the vaccination percentage of 96 was reached.

Unfortunately, polio occurs again in a small number of cases. This is typical for The Netherlands, where vaccination is not mandatory and where some of the Dutch population refuse vaccination on ideological grounds. These groups include the orthodox protestant religious community, and the anthroposophist (centering on man, not God), macrobiotic



(extremely restricted diet), and Christian Science movements.

In 1971, 1978, and 1992-93, a few minor epidemics occurred exclusively among people who had not been vaccinated, with 39, 110, and 71 cases respectively. In 1992, the poliovirus type 3 (not endemic) must have been imported, but the infection remained within the boundaries of religious communities living in contiguous areas. (People in The Bible Belt relate closely within their own group, having their own schools.) The virus came to a dead end in the well-vaccinated surroundings.

When comparing the age structure of this latest outbreak with the previous one, we see the average age rising each time:

Year	Average Age	Subgroup 20 Years+
1956	1-4 years	?
1971	5-9 years	5%
1978	10-14 years	24%
1992-93	20 years	46%

Also, in 1992-93, persons over the age of 20 experienced a greater loss of function than

*VSN members: (standing, l to r) Dick Buringa, Aadje de Groot, Liesbeth Laman, and (sitting, l to r) Hetty Sanders, Quirien Klaversteijn, and Annemiek Reynders.*

persons under age 20. In 1978, there were no statistically significant differences between these age groups.

## The Present

The Princess Beatrix Fund has offered financial support to polio survivors since 1956, as support is not covered by social welfare. Psychological support was not available.

In 1980, one of our group read an article in *Rehabilitation Gazette* (Saint Louis, Missouri, USA) about new problems after polio. We contacted each other and were able to join VSN, The Dutch Association of Neuromuscular Disorders, an association for people experiencing various neurological diseases. (Each disease has its own support group.)

Cooperating with VSN and our support group, "Polio Out of the World" has been active for several years now. Counting among its



members a virologist, a neurologist, and a rehabilitation specialist, this committee initiates projects to assist in banishing polio worldwide by the year 2000.

One of the committee's projects was a conference which resulted in the publication of *Polio en de gevolgen*, a book which discusses medical topics of the acute phase including recovery, the eradication of the poliovirus, and the rehabilitation methods for the late effects of polio.

In 1988, we started up our post-polio support group of 50 members. In 1997, we numbered 650. The Netherlands has an estimated 13,000 polio survivors, many of whom have already been (or are likely to be) confronted with post-polio syndrome.

### ***What are the aims of our post-polio support group?***

**TO PROVIDE INFORMATION ON POST-POLIO SYNDROME TO MEMBERS AND SURVIVORS** — This information covers the phenomenon of post-polio syndrome, the medical consequences, the importance of changing one's way of life, and referrals and references to neurologists and rehabilitation specialists. Information is given in a brochure, a post-polio newsletter, and during an annual meeting of members, where experts speak and where members meet and get to know each other. We have set up discussion groups all over the country.

**TO PROVIDE INFORMATION ON POST-POLIO SYNDROME TO THE MEDICAL COMMUNITY** — Even to this day polio survivors will meet with inadequate medical aid because some doctors do not take their problems seriously.

Prof. Dr. M. de Visser, a neurologist, and Dr. F. Nollet, a rehabilitation specialist, are favourable exceptions and serve as pioneers in the field of post-polio syndrome in The Netherlands. Together we are working at spreading information among doctors. They do so through publications and presentations for their colleagues. We urge our members to take medical information on their visits to physicians.

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## **Polio and Post-polio in Italy**

*Luisa Arnaboldi Maggioni,  
Mapello, Italy*

I am the National President of the Don Carlo Gnocchi Former Student Association, a group of more than 40,000 disabled Italians, including poliomyelitic people, who have been treated and educated in eleven boarding schools in Italy.

Between 1954 and 1974, polio survivors were hospitalized during the acute phase. Afterwards, a priest named Don Gnocchi founded boarding schools which were in the vanguard at the time. In these schools we underwent physiotherapy, psychotherapy, and studied so we could actively take our place in society.



*Luisa Arnaboldi Maggioni and her husband, Decimo Maggioni*

We have only recently learned of post-polio syndrome and many of us are experiencing the symptoms. We immediately sought to find out what other countries were doing and to examine and introduce this issue in Italy.

We sent nearly one thousand questionnaires and about 50% have been returned. These questionnaires have only partially been reviewed by several Italian specialists who work with the Don Carlo Gnocchi Foundation. However, we are considering opening a screening center in one of the rehabilitation centers of the Foundation in order to address everyone's rehabilitation needs.

We aim to deal with this new phase with serenity and to take advantage of all the advanced scientific data at our disposal today. ■

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