

# POLIO NETWORK NEWS

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## Becoming an Intelligent Consumer of Physical Therapy Services

Marianne T. Weiss, P.T.

In the nearly ten years that I have been treating polio survivors, I have found that the people who come to my door for assistance usually fall into one of two categories. Some of these people have not had contact with a physical therapist (P.T.) since their acute phase of polio. Others have become frustrated and often seriously depressed after seeing several P.T.'s and several physicians prior to coming to see me. They could not find someone knowledgeable about the late effects of polio and how physical therapy can adequately assist survivors in coping with these late effects.

It is my hope in this document to provide a two-fold service:

♦ I wish to describe the evaluation and treatment that a knowledgeable, skilled P.T. should be able to provide a polio survivor. By so doing, I hope to significantly reduce the frequency with which polio survivors are turned away from physical therapy clinics with the statement, "There's nothing we can do for you."

♦ I would also like to give encouragement to survivors who have not yet found a P.T. who has been knowledgeable about meeting their needs. Hopefully you can go armed with the data in this article to request that certain services be performed.

Certainly many health professionals other than P.T.'s can help to lessen the impact of the late effects of polio. In some cases, the services of other professionals overlap those of the P.T. However, in this paper I will confine my comments primarily to P.T. services.

This paper is based on principles in the resources listed on the accompanying bibliography.\* Some of the following concepts listed under "STRENGTHS" are derived from my own experience in treating polio survivors.

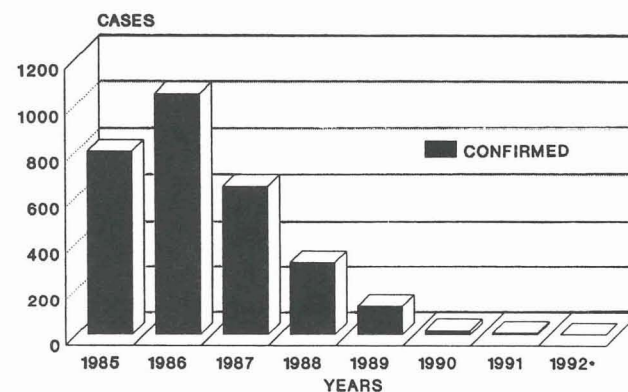
\*The bibliography will be made available in the next *Polio Network News*.

## One Year without Polio in the Region of the Americas

*August 23, 1992 marked the first year that the Region of the Americas has been free of wild polio-virus. The last detected case occurred in Junin, Peru on August 23, 1991.*

This achievement has been possible thanks to the eradication campaign launched by the Director of the Pan American Health Organization (PAHO), Dr. Carlyle Guerra de Macedo, in May of 1985. The principal strategies used were the National Vaccination Days with applications of poliomyelitis oral vaccine and the intensified surveillance of reported cases of flaccid paralysis. These efforts succeeded in reducing the number of polio cases caused by wild virus from approximately 1,000 reported cases in 1986 to nine in 1991 (eight in Colombia and one in Peru). Since the virus was isolated from the Peruvian case, no other wild virus has been isolated in the Region (Figure 1).

**Figure 1.** Confirmed cases of polio in the Region of the Americas, 1986-1992



\* Information for 1992 through week 34

\*\* Source: PESS/PAHO

At the inception of the Expanded Program on Immunization in 1978, less than 25% of the children in the Region of the Americas were vaccinated against the principal childhood diseases (polio, measles, diphtheria, tetanus, pertussis, and tuberculosis). By 1991, the overall coverage extended to over 75% of the population under one year of age.



## One Year without Polio

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The task was made possible thanks to the joint backing of various collaborating agencies, at a cost of approximately 542 million dollars (US). The governments from the countries have provided around 430 million and the rest has come from the collaborating agencies that include the Agency for International Development from the Government of the United States (USAID), Rotary International, UNICEF, the Inter-American Development Bank (IDB) and the Canadian Public Health Agency (CPHA).

In addition to the national vaccination days, mass communication was used extensively to inform the public and mobilize the population. Also, a laboratory network was used for diagnostic support. PAHO has established an impressive surveillance system of acute flaccid paralysis that includes more than 20,000 health units that report cases on a weekly basis.

The challenge now is to maintain the impetus by increasing the vaccination coverage, consolidating the gains made in eradication and achieving control and elimination of other childhood diseases, PAHO has named a Poliomyelitis Eradication International Certification Commission that will verify the interruption of wild poliovirus transmission. It is estimated that the Commission will conclude its work in 1995. In the meantime, high levels of coverage and surveillance should be maintained and three years should pass by without confirmed cases of polio before the Region of the Americas can be certified as free of wild poliovirus. One of those three years has already passed; PAHO will continue the effort and write history!

**Source:** EPI newsletter, *Expanded Program on Immunization in the Americas*, Vol. XIV, No. 4, August, 1992.

**Editor's Note:** The last wild poliovirus detected in the Americas to date was on September 5, 1991, still over a year ago.

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## Polio Outbreak

*In September 1992, the Netherlands reported an outbreak of polio among members of a religious group that refuses immunization services.*

Since this religious group also exists throughout the Americas and its members frequently travel back and forth, countries of the Western Hemisphere are on alert for importations. Attempts to educate and immunize members of this religious group are being made. The 1979 outbreak in the United States and Canada clearly illustrated the risk for unvaccinated members

of religious groups who have direct or indirect contact with members of Dutch religious groups among whom poliovirus is circulating.

**UPDATE.** The outbreak in the Netherlands of poliomyelitis among unvaccinated persons who are members of religious groups that generally do not accept vaccination is continued (1). From September 17 through December 5, 1992, 54 cases of poliomyelitis were reported to the Netherlands' Office of the Chief Medical Officer of Health. All of the reported cases have occurred among unvaccinated (n=53) or inadequately vaccinated (n=1) persons belonging to a religious denomination that routinely does not accept vaccination. Patients range in age from <1 month to 56 years (mean age: 18.9 year). Of the 12 provinces in the Netherlands, seven have reported cases of poliomyelitis; the most severely affected provinces are South Holland and Gelderland.

The risk for acquiring poliomyelitis while in the Netherlands is considered small because of the excellent sanitation in the country and because transmission of the poliovirus has been limited primarily to unvaccinated religious groups. Nonetheless, the polio immunity of travelers to the Netherlands should be evaluated, and persons with inadequate protection should complete a primary vaccination series with three doses of poliovirus vaccine before departure, especially if extensive travel in the Netherlands or contact with persons in the affected religious groups is anticipated.

**Source:** *Morbidity and Mortality Weekly*, 1992; 41:775-8; 41:917-9.

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## Polio in the U.S.

*No cases of suspected poliomyelitis have been reported in 1993. Four cases of suspected poliomyelitis have been reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed, and 5 of the 8 suspected cases with onset in 1990 were confirmed; all were vaccine associated.*

### THE U.S. VACCINE DISTRIBUTION DEBATE

Fewer than 60% of U.S. children are properly immunized by age two. Federal health objectives for the year 2,000 say 90% should be vaccinated.

Some blame rising vaccine costs and propose a national vaccine program with a single, government purchaser. It would reduce costs to private physicians. Currently, half the children who receive vaccination get them from private physicians who pay manufacturers' catalog prices, or get small discounts. The other half are vaccinated in public clinics that receive substantial discounts through a Centers for Disease