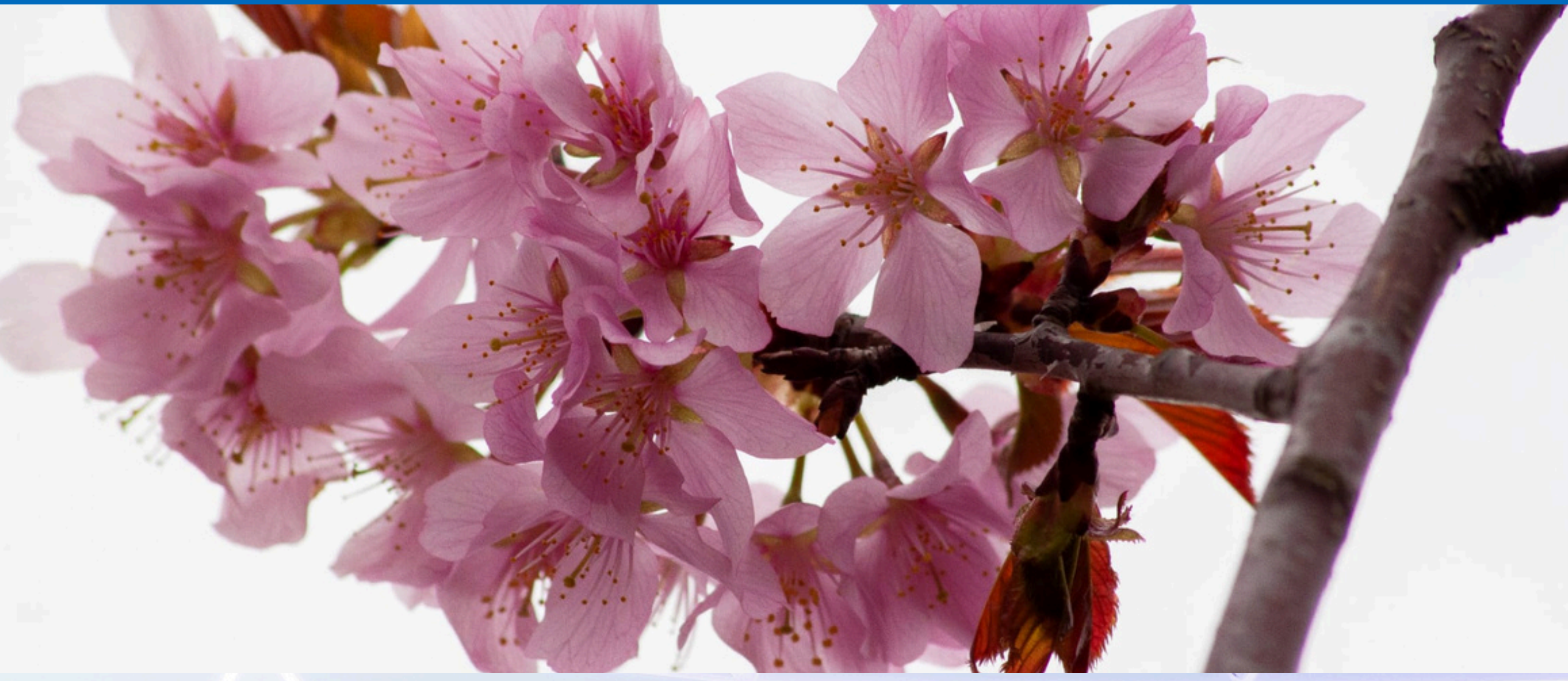
May 2025 www.poliosurvivorsnetwork.org.uk

POST POLIO MATTERS

Polio Survivors Network Newsletter — Volume 11 Issue 9 of 12 [Edition 129]



Inspiring Resilience, Advancing Healthcare

The polio vaccine marked a critical milestone, turning a time of fear into a new era of hope. The journey isn't over - it extends beyond vaccination.

Polio survivors embody resilience, transforming challenges into extraordinary triumphs.

Their lived experiences not only inspire but also hold profound lessons for the future of healthcare.

Polio Survivors Network is the working name of registered charity 1064177, The Lincolnshire Post-Polio Network

Donations and Charity Incentives Paid (since last newsletter)	
Bank Interest	7.42
Donation VR-C	100.00
Donation Anonymous	2.00
PayPal Giving Fund Grant	25.00
Donation MC	20.00
Total	**£154.42**

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We are very grateful!

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We are delighted to invite you to our 2025
Annual General Meeting (AGM) which will be held online on

Friday, 25 July at 2:00 p.m. (BST)

This is a wonderful opportunity to come together, reflect on our achievements and discuss the future for Polio Survivors Network

Please save the date.

We are also calling on you to consider if you could contribute as a trustee? These roles are vital in guiding our future and ensuring we achieve our goals. Whether you are passionate about polio survivor advocacy, fundraising or bring valuable personal experience, your voice could make a meaningful impact.

For details on how to join the meeting please email psnadmin@poliosurvivorsnetwork.org.uk

Together, we can make a difference

Message From Our Chair

TWO 70 YEAR ANNIVERSARIES

This year is the 70th anniversary of Jonas Salk's polio vaccine being announced as safe and a mass vaccination programme being instigated in the USA. He had already vaccinated his own children in 1953, and in 1954 he tested the vaccine on about one million children, known as the polio pioneers. He chose to not patent the vaccine or seek any profit from it to maximize its global distribution. This year is the 30th anniversary of his death.

This year is also the 70th anniversary since I contracted polio age 5 in January 1956 in Putney, Southwest London after only one term at school. I didn't return for 2 years. I was totally paralysed, my breathing, swallowing and all limbs were affected. Sadly, living in the UK meant there had been no mass vaccination, as it was resisted for over 2 years until public opinion overwhelmed government policy, but in this time many of us caught polio unnecessarily. There was a combination of reasons for the UK's resistance including, political, national and medical pride, economic and that old chestnut, fear of the vaccine.

It was particularly hard for my mother who had always feared I would get polio and had desperately tried to get us vaccinated following the US vaccination programs in 1955. My father tried to obtain the vaccine as his work involved travel to the US, and when visiting my aunt who was living is the US having married an American GI. Her family and my cousins had been vaccinated a year earlier, but all efforts came to nothing, and my mother's premonition came to be and I caught polio. Polio panic amongst parents was frequent at each outbreak at that time, and unusually and unfortunately for me, I contracted the worst strain during the Christmas holidays with only a few local cases reported.

IT WASN'T ALL BAD

Unlike many, I recall almost everything, from that first incredible headache and fever to my admission and then emergency transfer the Western Fever Hospital in Fulham. I was put in the iron lung and had a naso-gastric tube inserted. Though I must have been scared, my memory from the ambulance transfer to the Iron Lung and the naso-gastric feeding wasn't all negative. I remember the doctors and nurses explaining everything to me, what was going to happen and when, why and how – presumably in a 5-year-old vocabulary but, non-the-less, I felt safe and knew in my head I just had to do what they said as every muscle seemed to be painful at the slightest touch. I think this was key to my positive experience of the iron lung, which I called my Spaceship, and probably helped me avoid having a tracheostomy tube fitted. The tube feeding was ok as I could at least taste some things like the raw egg and milk mix or imagined I could, and looked forward to it as the yellow liquid was poured in above me. Imagine giving raw egg and milk today as a feed to a 5-year-old in intensive care.

Each morning events were heralded by a large speaker hanging in the middle of the ward booming out the tune for Housewives Choice at 8.55 am, a tune that still brings back memories, again though not traumatic. My physio would arrive through the ward's doors for my daily visit or rather struggle which though painful she was always a caring, kind and communicative experience. As I improved, they would open the iron lung each day, at first for a few minutes and then slowly increasing the time, until after a week, I made it to the rocking bed.

IT'S HOW - NOT JUST WHAT

Apart from sharing with you just a little snippet of my journey that so many of you will also have had. I wanted to reflect on how my experience of the HOW, not just the WHAT, of the nursing and medical treatment shaped my experienced in my journey to who I am now as polio survivor, 70 years on. I reflect on how deeply these early experiences have affected many of us and our relationships with, not just our own bodies and identities, but also our expectations, trust and relationships with others especially medics and health professionals and our experiences as we age with PPS.

I was very lucky, as those who looked after me for the first few critical months were not just kind to a small 5-year-old on the edge of life and, or, total paralysis, but they were always honest and communicative involving me in everything in a way that I could understand by communicating and explaining. There are of course drawbacks to having had to be 'a little adult' back then as it in many ways it robs you of innocence, separates you form your peers and of having many aspects of childhood, but in critical times, choices are limited.

AGEING AS A POLIO SURVIVOR

So today as most of us face the normal conditions that that come with age, they are complicated, if not caused by our PPS. But what we expect and how we feel about our medical and PPS care is surely deeply influenced by our early life experiences. I find it hard to find myself facing a system that rarely has the time or perhaps even inclination to see that the *HOW* is as important in treatment and care delivery as the *WHAT*. After over 35 years as a psychologist, I am even more acutely aware and convinced of the importance of this. Whilst I am a huge fan of the benefits of health technology and its potential to deliver better outcomes, I fear we are failing to address the fact that we are essentially whole human beings, not just a collection of different body parts and processes that can be distributed to their own designated speciality, department or consultant teams. As Polio Survivors surely, we have learnt that this isn't the right emphasis, just as poliomyelitis wasn't just a motor neuron issue causing some paralysis to be overcome but a global lifelong whole person experience impacting in individual ways physically, emotionally psychologically and socially.

CHALLENGING NOT DIFFICULT

I suspect that this is why some of us can be so seen as so challenging to current system and medical and social professionals, even if this is often portrayed as being difficult patients or people. I fear that in the current climate there is not enough emphasis on the time and space given to that critical element, the clinician/patient relationship. Even the so-called 'care' that so many of us increasingly need to live our lives has been reduced, devalued and formulated into ADLs (Activities of Daily Living) and PIP descriptors as timed tasks like washing dressing and feeding, reducing them to tasks being done FOR not WITH us. This is not good enough.

DO WE STILL HAVE A UNIQUE VOICE?

We could still I feel have a unique voice as survivors of that global epidemic they forgot, when COVID inevitably knocked on our door 5 years ago, demonstrating how much we fail to learn from the past, and our past. We have much to offer if only to demonstrate what good holistic healthcare is, or should be, and how we are all whole human beings and require to be treated in order to thrive, and not as economic units, a human resource, or passive recipients of care or treatment episodes. Ultimately this is not about money and funding, it is about a philosophy and how that impacts training and policy.

Simon Parritt, *C.Psychol, AFBPsS, MSc, BSc (Hon), BA*
Chartered Psychologist. HCPC Registered Counselling Psychologist

Chair Polio Survivors Network
simon.parritt@poliosurvivorsnetwork.org.uk

> **It is a sorry state of affairs when polio survivors around the world must give up hours of their time to research their medical condiiton.**
>
> Hilary Boone

Zsuzsi's Thoughts on Experiences with the Occupational Therapist

For some time now I have been experiencing difficulties in standing up from a chair and I have to lean on the seat with my right arm while supporting my body with the left arm on something like the table or the back of another chair. This is not too difficult in our ensuite bathroom where there is a towel rail opposite the toilet but there is only a washbasin in the downstairs toilet to hang on to.

I contacted my GP who referred me to the occupational therapist who came out to see how he could help me. I was hoping for a rail on the wall, like there is in public disabled toilets but I was told that it could only be fitted on a solid brick wall.

The occupational therapist decided that my "hairdresser stool" on castors was much too dangerous and advised a raised seat with a back and arms. This works very well but it is not mobile and so it doesn't really help when I am cooking and have to move between the hob, the sink and the fridge. He also advised a raised toilet seat with arm rests, and these arrived from the Red Cross on loan. He came out a week later to see how I was getting on with these mobility aids. He also left a catalogue for Independent Living with an extensive range of mobility and disability aids.

The raised seat for the kitchen works very well and I can use it to practice standing up and sitting down but not for cooking and food preparation. The raised toilet seat was easier to get up from, but I was not able to lean on the side arms because they were too high for me. So, it was taken away and replaced with just a surround of the toilet with arms to help me get up. It was not stable enough and I was not able to use it, so that was taken away as well. I sent away for a grab rail and a locator to find the wooden struts inside the wall where the grab rail could be fitted, and my husband and I worked out the best place to fix the grab rail to. He did a great job. It works very well and because I don't exert a great force on it. I am sure that it will last longer than I do.

I must say that the occupational therapist did try his best to help me, and it was useful to be able try out these products without having to purchase them. They come on permanent loan.

I am also very cautious about using my rolling stool without a back or armrests hoping that it will not be the cause of an accident, but without it I would not be able to carry on all the things which I need to do. It can be lowered and raised as well as move around, so I can get things from the vegetable box which is at the bottom of the fridge and also wash the floor.

A Few Things From Verite

NOW IS THE TIME TO FIX THE NHS

Flies on the walls of Whitehall must have buzzing ears with all the gossip flying around. Now that Amanda Pritchard (late CEO of NHS England) has resigned and then the shock announcement that NHS England was being dissolved, things must be topsy-turvey along the corridors.

At first I welcomed the announcement of NHS England's demise – until I heard it was being taken over by the Department of Health. So nothing changes! Wes Streeting (Minister of Health) seems to have got the bit between his teeth, sweeping Whitehall clean of the old mess – but I can't see anything changing for the better.

Streeting speaks of giving local leaders the tools they need to deliver on the government's three shifts for the NHS this move is intended to *"liberate"* NHS staff and local NHS leaders, *"setting them free from over-centralisation"* - well I have just seen pigs flying past the window!

When will Whitehall and its politicians realise we don't need them and all their impractical 'initiatives' creating paperwork and confusion. What we need is Clinicians in charge, who will provide what *WE* need – not airy fairy "innovations".

As Chris Naylor of The King's Fund says if "The government wants a 'neighbourhood health service'. The first step is to agree what that means".

Instead, the bureaucrats will make more cuts, to pay for the "new" initiatives that the civil servants come up with. This will mean more crazy ideas to fill forms, meanwhile the PBP (poor blxxdy patient) i.e. *US*, will suffer even more. Unless we PBPs take matters into our own hands!

Do YOU know what services are needed? If so, now is the time to demand these with Whitehall in turmoil. But if patients know what is needed locally, could it be worthwhile to demand this now. Anyone who already had set out a plan for NHS services could find that the Department of Health will look favourably on funding for setting it up. Anything that will make them look good in the eyes of the voters! So if you know a service is needed locally, from a Falls Prevention Clinic, Early Diagnosis Unit, Pain Clinic, etc go get support from:

- Your MP
- Your GP and / or their surgery
- Patient Participation Groups (PPGs)
- Charities

Put in your demands, pronto. If you don't ask, you don't get. **GO TO IT AND MAY THE BEST PATIENT-FOCUSSED PLANS WIN!**

Toni Writes ...

Have you ever considered taking on a role that supports a fantastic cause and makes a real difference in people's lives? Polio Survivors Network is looking for new trustees and it might be something for you to think about.

As a trustee, you'd play a part in helping PSN continue its great work—guiding the organization, sharing ideas, and using your unique skills to make a positive impact.

Whether your expertise lies in finance, fundraising, being a great listener or lived experience there is value in what you bring to the table.

Being a trustee isn't just about giving back; it's also about joining a group of passionate and inspiring people, full of stories like these I found in the archives...

One involves a parrot that, after some enthusiastic polio-awareness training by its owner, started squawking, "Wear your braces!" to visitors - a surprising but memorable ambassador for the cause. Another favourite is the tale of the "runaway wheelchair" at a PSN event. An adventurous attendee discovered a slope and some unexpected speed, turning a simple demonstration into a hilarious story that's been shared for years!

Something to think about. We would love to welcome you, whether as a trustee or in any way as a supporter of our work.

Take care, Toni x

psnadmin@poliosurvivorsnetwork.org.uk

From Our Readers ...

Thank you, it's always interesting to hear what others are up to. Best wishes for 2025 - KS

Thank you for your fine newsletter, I shared it with a few of our USA newsletter editors - DS

Thank you for the excellent newsletter - PK

From Our Readers (continued)

Congratulations on the new Newsletter format. I do like it - fresh, bouncy and the cartoons lighten it up - VR-C

Thank you for accepting me as a member, I have just found your recent newsletter and am so impressed with it, thank you for all the hard work that I know goes into it - SJ

Can you help? Could you write to your local MP?

Our member Marianne has asked for support in the campaign to reform CHC. She is hopeful that if enough people get behind the campaign demand can be made for a much needed overhaul to the current system and this would benefit a huge number of people.

https://reformcontinuinghealthcare7.wordpress.com/

Editor: *A paper copy of this template is included in the posted newsletters*

A new way to donate

Polio Survivors Network has teamed up with Visufund to provide an interactive donation experience. Donations from £2 mean a digital flower to help us reach our target of £50 and make our vase of forget-me-nots look much prettier.

Polio Survivors Network Annual Report 2024

is available now by request.

Email: psnadmin@poliosurvivorsnetwork.org.uk

or use the contact details listed on the back cover.

British Polio Fellowship

Did you contract polio as a child?

Are you experiencing worsening or new symptoms?

TALK TO US

Contact Support Services to see how we can advise you. Things move on, and so have we

☎ 0800 043 1935 (Mon to Fri 10am - 3pm)

✉ info@britishpolio.org.uk

As well as being a fantastic resource for support for British polio survivors, the British Polio Fellowship have recently launched their **‘Big Survey for Polio Survivors’**. Can we ask that you please support them by providing your comments.

To complete the survey online go to:
https://www.surveymonkey.com/r/BigSurvey2025

To download a paper copy to print at home:
https://www.britishpolio.org.uk/post/bpf-launches-survey-to-gather-views-from-polio-survivors

To request a printed copy in the post:
Call British Polio Fellowship on 0800 043 1935 (Mon - Fri 10am - 3pm)

Far Fetched - Vic Baxter

Our member, Vic Baxter has written a series of articles entitled "Far Fetched" on the topic of "Dodgy Wheelchair Transfers" in faraway airports.

Please enjoy the second one entitled...

Immigration Captain Detains Baku Airport Managing Director

Baku airport can be a sleepy location on a Sunday afternoon. Although obtaining a visa on arrival can be expensive for the unprepared, at $100 for visa photos and when an “escalated” weekend visa price is brought to bear. I therefore elected to spend eight hours “in transit” rather than “land myself”, as I was en route to Kazakhstan, with no need of a visa for Azerbaijan.

The lovely lass propelling my wheelchair took fright at this, explaining that the airside elevator to the upper level had been out of service for several months, meaning that I would have to use the one that was “land side”, thereby necessitating a visa.

I had no reason to disbelieve her but decided to dig my heels in and proceed to transit by whatever means necessary.

As happens in Former Soviet Union countries this required escalation to the next level. A rather surly looking supervisor therefore showed up and remonstrated in a perfect blend of Azerbaijani and Russian, raising his voice more and more as he vented his frustration at my decision.

I listened him into the ground and asked if we could escalate further in our quest for a solution.

Several levels later the Managing Director of the airport appeared in all his glory, complete with hand made shoes and a golf club badge on his blazer that showed membership of the recently completed $50 million golf course commissioned by The President himself.

He had one more try to get me to climb the fifty stairs to the transit lounge, stating that he’d viewed me on CCTV doing so a year or two before. I stuck to my guns stating that my condition had deteriorated since then, which it had.

At this juncture he pointed out that the Immigration Department had departed for the day and so he would personally smuggle me “into the country” in order to use the “land side” lift to the next level, and from there

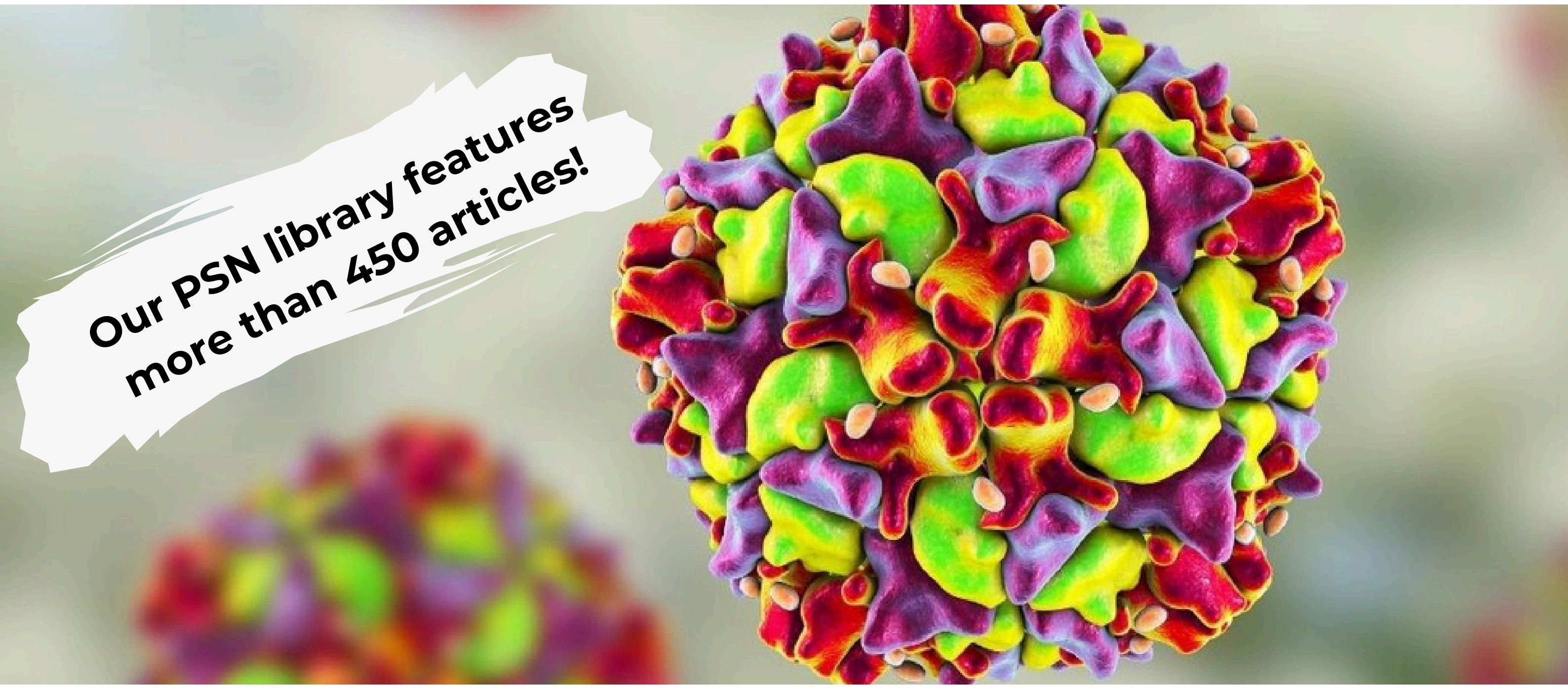
into the Transit Lounge; but that if we were caught we could get two years in prison.

I responded that “at least we would be together for our stint in chokie”. He grimaced and off we went through the deserted immigration turnstiles.

My eight hours in the Transit Lounge passed and he appeared again as the only person with enough clout to conduct the process in reverse, and off we went.

On this occasion the timing was not so good. Around two dozen fearsome Immigration Officers had arrived in their formidable outfits with high fronted peak caps and jackboots abounding. My “very senior” wheelchair pusher froze, then started to tip toe towards the runway as we had the commandant with his back to us while briefing his team. At this point I couldn’t resist saluting the group from my wheelchair, which gave the game away as some were smiling while others instinctively saluted back. At this point my accomplice intuitively broke into a run. Well, I think you can imagine the chaos that ensued, at least until the identity of my wheelchair pusher was established.

I was boarded with no further ado and had the privilege of being waved off by the airport CEO and the Head of Immigration.



Childhood illnesses by Moz Copestake

I have already written about my brush with polio and, as it happened when I was an infant, I have no memories of it. I do have vague memories of being in bed in hospital when there was a sort of play time when children would jump out of bed to play with a selection of toys. The quickest got the best. I couldn't get out of bed and waited for someone to lift me down. One day, one kind lady who had spotted my plight lifted me down before playtime began and got me to my toy of choice (a sit in car I think). It was a moment of joy, as was my first day home when I was sat in the garden on a roller and had my photograph taken – sadly a picture now lost but my mother had for many years.

I was unlucky insofar as the polio vaccine was rapidly introduced in 1954, the year after I contracted the disease. I am delighted that so many people in the developed world have been saved from the disease by this vaccine, where it has all but been wholly eradicated, but disgusted that such a cheap and cost effective preventative medicine has not been universally rolled out to the world meaning it continues to inflict so much misery on so many. Shame on you all.

For the next six years I would return to Birmingham Orthopaedic Hospital on Broad Street regularly to have a plaster cast fitted. This was ostensibly to prevent my foot and leg deforming as I grew but I don't have any great confidence that it worked. I would go into the treatment room where my foot and lower leg would be put into a stockinette and then plaster bandages wrapped around up to my knee. The bandages came on green spools which were soaked in water to soften the plaster. I then had to wait for the plaster to set and then the doctor would return and saw a split down the middle an electric with circular saw. The edges would be folded back and trimmed so that I could get my leg out and I was given the cast to take home. I would get four or five spools each visit and look forward to being given the empty spools which became makeshift toys back at home. I ended up with quite a collection. Each night, as I went to bed, this cast would be tightly strapped onto my leg with bandages to correct my foot as I grew. It was uncomfortable and I didn't like having to wear it.

I also had to wear an iron calliper in the day which would locate into a slot in my orthopaedic boot while the other end was strapped around my knee – also to keep my foot in place as I grew. Another uncomfortable and not hugely successful imposition. I rather rebelled against both the plaster and the calliper and my parents agreed that neither were doing much good so, at around eight, both were abandoned and I started wearing ordinary shoes.

Other than that I had things like chickenpox, a time of isolation up in my bedroom. I could look out of the window, wistfully watching the other children playing outside in the street. My dad had recently bought a set of Arthur Mee Encyclopaedia and I read all of the Aesop's fables and Brer Rabbit stories, a lot of Greek mythology. I think I was about ten.

Of course I had the inevitable coughs and colds and would be medicated with Owbridges cough syrup and Zambuk menthol rub. My mother used to make her own medicine from an onion stood in strawberry vinegar mixed with onion and fresh lemon juice. There were quite a lot of medications I remember for various bumps and scrapes, largely for the invocative smells like Germolene and Vaseline. I also had precautionary medicines like Cod Liver Oil & Malt or Rosehip syrup.

Other childhood diseases I caught as an adult in my late twenties– both German measles and mumps. I had both at the same time as my daughter and it was, strangely, a great bonding time. We kept as separate as we could from my wife and son, and did artwork together or played board games. I did a collage of a ballerina practicing in a mirror which I subsequently framed and it hangs on our wall, albeit rather badly faded now.

Polio in Music

In April Moz Copestake was involved in two polio related events under the umbrella "Polio in Music". On Saturday 12th April he made an audio visual presentation to The North London Branch at their monthly meeting in Potters Bar and then, on the following Friday (Good Friday - 18th), a show on Radio Dacorum along with guest Dr. Simon Shaw. who was instrumental in formulating The Optimal Clinical Pathway for polio survivors.

Moz is a survivor who contracted polio in 1953. Now in retirement, he accepted a volunteer role as a presenter at Radio Dacorum community radio www.radiodacorum.org.uk . It's internet radio so you can pick it up via this link anywhere in the country ... anywhere in the world. He also had a brush with throat cancer in 2018 but, after surgery & radiotherapy, he was given the 'all clear' two years ago.

He says “I have always enjoyed my music and have a show ‘Moz the Hippy’ on Friday afternoons. It’s not all late sixties Summer of Love songs but that’s where my roots are.” You may be surprised by some of the musicians who contracted polio, before the vaccine was rolled out in the mid-fifties, although it was slower and later in many parts of the world than here in the UK. Everyone will know of Ian Drury, who we sadly lost at the turn of the millennium, but there are several more big names, some of whom are still active today.

Turn on, tune in, chill out – Music of peace and love. The radio show will be available after airing on this website www.mixcloud.com/radiodacorum/ for anyone who misses it.

Finding a Physiotherapist with experience of Post-Polio Syndrome

Hello, I am a private physiotherapist specialising in older adult community therapy and neurological conditions. I have been treating one of the members and Trustees of the Polio Survivors Network – Vertie Reilly-Collins. She tells me how difficult it is for polio survivors to find a Physiotherapist with knowledge and experience to help them and thinks many readers might find the information below helpful.

If you would like to request an assessment or to contact me to see if I can help you, my details are:

Helen Graham
Mobile no: 07768 687359
Email: helenphysio.oxford@outlook.com
Website: www.helengrahamphysiotherapy.co.uk

You might be interested in the recent blog on the website about strength training and the importance of protein for people with post-polio syndrome.
I work in and around Oxford (and also soon in Gower, Wales). If you don’t live in these areas but want a private physiotherapist who has experience with polio survivors, you can go to the Physio2U Directory on the Chartered Society of Physiotherapy website. If you put in your post code it will list all the private physiotherapists in your area and tell you what they specialise in. Because post-polio syndrome is unfortunately a ‘niche’ area, you’re unlikely to find this listed as a specialism, but if you search under ‘Neurology’ hopefully you will find a suitable therapist there.

Good luck!

A member wanted to remind all of this older but very interesting video from Polio Australia. Produced and uploaded by Mary-ann Liethof, now with Polio Australia - representing polio survivors throughout Australia.

Dr Stephen de Graaff - Post Polio Syndrome Part 1
https://www.youtube.com/watch?v=_Vl6WyVZLO0

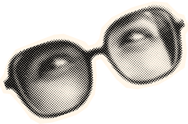
Dr Stephen de Graaff - Post Polio Syndrome Part 2
https://www.youtube.com/watch?v=ezcLmrWfdXw

The Lighter Side

As we gracefully - or perhaps clumsily - age, we begin to notice the peculiarities of life with a more humorous lens. Wrinkles are no longer mere lines on our faces but rather a roadmap of laughter and adventures. We find ourselves relating more to the tortoise than the hare, embracing the slow and steady pace of life with a wink and a nod. And while our youthful days may be behind, there's a certain charm in the freedom that comes with age; the ability to wear socks with sandals without a hint of irony and to declare 9 p.m. as a perfectly reasonable bedtime.

So, here's to embracing the lighter side...

- You know you're getting older when your back goes out more than you do.
- At your age, you need glasses... not for your eyesight, but for the wine!



- Now that I've gotten older, everything's finally starting to click for me. My knees, my back, my neck ...
- What goes up but never comes down? Your age.
- Age isn't about how many candles are on the cake; it's about how much you can eat without worrying about your waistline!

- "OAP discounts": finally getting paid back for all those years you paid full price
- At a certain age, you start referring to naps as "power recharges"—and no one argues with you.

- An old woman is sitting at a bar when an older gentleman sits down beside her. "So," he says, "do I come here often?"
- You don't need an app to track your steps because every creak in your knees keeps count for you.
- These are not grey hairs, they are wisdom highlights.
- You're not getting old; you're becoming a classic.
- Age is an issue of mind over matter. If you don't mind getting older, then it really doesn't matter.

An Interview with … Emily

We thought it would be a good idea to spend a few moments with Emily who is the artist behind many of the drawings, cartoons and photographs features in our newsletters. Let's ask her a few questions …

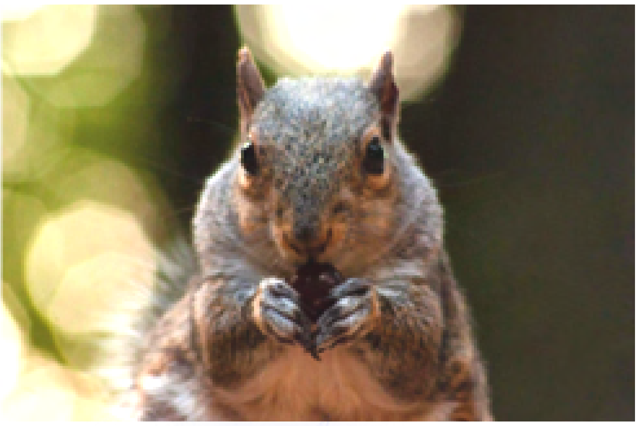
When did you start drawing, at what age?
I have always been in to art and right from being little I would make things out of boxes then progressed to drawing landscapes or objects. I held back my talent at school as I thought other people were so much better than me which left me feeling shy about my own skills. Around age 15 I started to really explore what I could do and experiment with different materials.

How did you get started?
I mainly started with simple cartoons either of animals or people. Over time I tested myself to see what I could achieve and even now am still surprising myself with my art with what I can do.

What is your favourite thing about being an artist and photographer?
I love being able to express my thoughts, feelings or emotions through art as I don't always feel like I can find the right words. When I am drawing or painting for fun I can get so lost in what am doing that five hours later am still doing my art! I find it helps me to unwind, release anxiety and it is great therapy. I would say it is similar with my photography too - I love to be outside and exploring nature or the city. I particularly love zooming in on one object like a flower or a animal and examine its details and design, I feel it draws me closer to God and develops in me an appreciation of his love and wisdom in design.

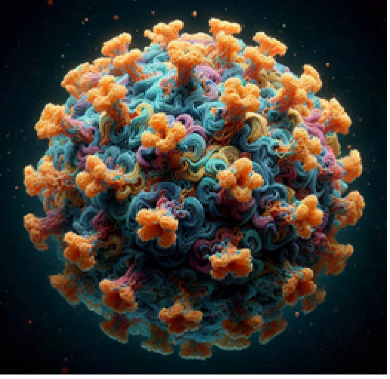
Do you have a favourite piece you've created for the newsletter?
Each piece of my work has aspects that I particularly like but my favourite drawing is the girl looking into the ocean it relays two different views - wanting to explore but feeling too anxious to take a step or being peaceful and taking a moment to just stop and observe the waves as they come and go.

I would say any of my photographs of animals are my favourite pieces but I especially like my little robin on a branch and also the squirrel eating a seed.



How do you hope your drawings impact the readers of the newsletter?
I hope through my drawings it allows those who need it, the ability to express how they're feeling when trying to find the right words are too difficult or hard to explain giving them a sense of relief having something to relate too but also for others to understand how those suffering are feeling and the hardship they go through daily. But also so a sense of calm peace and joy to see the animals

What advice would you give to other artists looking to create impactful art for similar social/charity causes?
Find something that inspires you or your passionate about and allow the creative juices flow whatever way that might be. Art or photography does not need to mean something to people as long as it means something to yourself and is an expression of your own thoughts, feelings or emotions or is just simply something you like it makes you happy. There is never a wrong way to do art and there are not such thing as a bad photo as long as you're happy with it that is all that matters.



We would like to share with you research from the University of Leeds on next-generation polio vaccines using virus-like particles (VLPs). It seems that VLP-based vaccines are possibly safer, more affordable and have the potential to sustain polio eradication globally.

Below is a detailed overview of the advancements made by researchers, including Professors David Rowlands and Nicola Stonehouse. The study highlights collaborations with various institutions, such as the University of Oxford and others, funded by the World Health Organization (WHO).

Breakthrough in the next generation of polio vaccines

A more affordable, lower-risk polio vaccine is on the horizon. The research was led by the University of Leeds. They have taken a major step towards producing a more affordable and lower-risk polio vaccine using virus-like particles (VLPs). These particles mimic the outer protein shell of the poliovirus but are empty inside. This means there is no risk of infection, but the VLP still causes the immune system to respond. A research project is led by Professor David Rowlands, Emeritus Professor of Molecular Virology at the University of Leeds. He has tested the effectiveness of using different yeast, insect, mammalian and plant cells as expression systems to generate VLPs.

Thanks to research like this, we are already working with commercial partners to produce the next generation of polio vaccines.

VLPs produced in both yeast and insect cells can perform equally or better than the current inactivated polio vaccine (IPV), which creates an immune system response by using a killed version of the poliovirus. Professor Nicola Stonehouse is Chair in Molecular Biology at the University of Leeds School of Molecular and Cellular Biology and one of the senior authors on the paper. She said: “Any vaccine is only as effective as the number of children that it reaches. The key is to make vaccines universally accessible, as all children have a right to be protected from diseases such as polio, no matter where they live. Ultimately, VLPs would significantly contribute to vaccine fairness”. They are already working with commercial partners to produce the next generation of polio vaccines. Although they don’t yet know when these will be widely available, they are getting much closer to a polio-free future.

Currently, the inactivated Polio Virus (IPV) is relatively expensive to produce because it requires high levels of bio-containment to minimise the risk of leaks of live poliovirus, which could result in outbreaks. VLPs are non-infectious and would not need to be handled under such stringent bio-safety conditions. Oral polio vaccine (OPV), which contains live but weakened vaccine-virus, is also used in vaccination against polio.

Future polio vaccines

However, once all remaining strains of wild poliovirus have been successfully eradicated, OPV use will need to stop to eliminate a small risk of circulating variant poliovirus that can be associated with its use. In populations where large numbers of people are unvaccinated and sewage disposal is poor, such strains can cause an outbreak through contact with faeces, often via contaminated water. When this happens for long enough the changes that make the live OPV safe, can revert back to be like wild poliovirus and can cause an outbreak.

At this time, the Inactivated Polio Virus (IPV) will be the only polio vaccine available to populations, but expensive manufacturing procedures make it unaffordable for lower-income countries. Non-infectious VLPs are easier to produce than current IPVs and the research has shown they are more temperature stable, thanks to genetic alteration of the outer shell. As they are non-infectious, this means they will be less expensive to produce, helping to improve equitable access to vaccination. It is very exciting to see this research being taken forward by industrial partners as a safer vaccine production strategy as we move towards a polio-free world.

The virus-like particles are not the only relatively recent breakthrough for polio vaccines. In 2020 a new version of OPV, called nOPV2 (novel oral polio vaccine type 2) was licensed for manufacture in Indonesia and has now been tested and made available for use world-wide. There are three types of polio virus, called 1, 2 and 3. Types 2 and 3 no longer exists as a wild virus, they were eradicated in 2015 and 2019 respectively.

However, within the OPV type 2 turns out to be the least stable of the three weakened viruses. Due to the remarkable success of the polio eradication effort, polio paralysis cases from circulating vaccine-derived polio virus (cVDPV), where weakened vaccine-derived virus has reverted to wild type, now outnumber global cases due to wild polio virus. While there were only 12 flaccid paralysis cases in 2023 caused by wild poliovirus, there were 524 linked to vaccine-derived polio. This is worrying for the polio eradication effort!

In response to cVDPV2 cases, scientists working for the Healthcare products Regulatory Agency (MHRA), including Professor Andrew Macadam who also worked with Leeds researchers on the VLP vaccine discussed above, helped American researchers to develop nOPV2. This vaccine will help to contain cVDPV2 outbreaks, while itself being 80% less likely to cause more cases compared to the original Sabin OPV, as it's engineered to be much more stable.

As vaccination rates and sanitation broke down there was one case of cVDPV2 paralysis in Gaza recently and nOPV2 was successfully used there to contain the outbreak.

“***This research shows that a critical new polio vaccine solution is on the horizon”***

Dr Martin Eisenhawer, World Health Organisation

We're reaching out with an exciting opportunity to be part of a significant project that will honour the resilience and history of polio survivors in Britain.

James M. Carmichael, President of Kirkintilloch Rotary Club, is compiling a book that chronicles personal accounts from polio survivors and documents the campaign to eradicate the disease. This book aims to raise awareness and proceeds for the End Polio Now campaign. We invite you to share your stories or the experiences of your loved ones affected by polio. Your contributions will ensure that the memories and lessons of this public health battle are preserved and appreciated by future generations. Your stories are invaluable in preserving the history and raising awareness.

How to Participate:

- Share your story or that of a loved one affected by polio.
- Spread the word to others who might want to contribute.

All contributions will be fully consented before publication. We are sure that this book will be a meaningful and impactful resource.

Email your experience to us at psnadmin@poliosurvivorsnetwork.org.uk and we will get it to James.

Thank you for your support

Useful Resources

International Ventilator Users Network
www.ventnews.org

Disabled Motoring UK
www.dmukdiscounts.co.uk

Pain UK
www.painuk.org

National Voices
www.nationalvoices.org.uk

Neurological Alliance
www.neural.org.uk

Rare Disease UK
www.raredisease.org.uk

End Polio Now – Rotary International
www.endpolio.org

European Polio Union
www.europeanpolio.eu

British Polio Fellowship
https://britishpolio.org.uk

Post-Polio Health International
www.post-polio.org

PA Polio Survivors Network
https://polionetwork.org

Polio Quebec
www.polioquebec.org/eng/

Polio Survivors of Marin
www.facebook.com/groups/163909760771171

Atlanta Post-Polio Association
www.atlantapostpolio.com

Ohio Polio Network
www.ohiopolionetwork.org

Polio Australia
www.poliohealth.org.au

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