

connections

colorado post-polio • since 1981

**Is it a cold, influenza,
COVID or allergies?**

Oh, my!

By Dr. Marny Eulberg

Every fall, going into winter, people who have sniffles, coughs, and/or fever ask themselves and their health care providers, “What causes that?” or “What is this thing that is making me feel sick?”. Fortunately, after the first killing frost, many of the allergies to plants go away until next growing season, but indoor allergens can bother people all year.

This year, COVID-19 gets thrown into the mix. Colds, flu, allergies and COVID may have many of the same symptoms. And yes, it is even possible to have allergies and COVID, or flu and COVID, or allergies and the flu, etc. etc. etc. COVID seems to be the only malady out of this list that can cause a person to have a new loss of the sense of taste or smell, but not all people infected with COVID lose their sense of taste or smell.

Therefore, no one can say with certainty that because you can still taste and smell that you do not have COVID!

If the problem is only due to allergies it is very, very unlikely that the person affected will have a fever but will have bothersome sneezing, stuffy or runny nose, and itchy eyes.

The CDC put together a chart of possible diagnoses for those with respiratory symptoms to help determine whether a person might have a cold of influenza and I have added columns for allergies and COVID.



Fall 2020

Common COVID	
Questions	4
Meet Jim Carr	5
World Polio Day	5
So. Denver Group	5
Pueblo Group	5
WE'RE STILL HERE!	5
Going Green	5
Advisory Council	5
Volunteers Wanted	5
Upside Down Polio	7
Support Groups	10
2021 Rocky Mtn. Getaway	11

Signs & Symptoms	Allergies	Cold	Influenza	COVID
<i>Symptom Onset</i>	gradual--over days	gradual	sudden--over few hours	variable, no symptoms, over few hours to 7-10 days
<i>Fever (over 100.2 degrees)</i>	none	rare	usual, lasts 3-4 days	may be present
<i>Aches</i>	none to quite mild	slight	usual, often severe	may be present
<i>Chills</i>	none	uncommon	fairly common	may be present
<i>Fatigue/ Weakness</i>	fatigue can be present	sometimes	usual	may be present
<i>Sneezing</i>	frequent, plus itchy eyes	common	sometimes	rare
<i>Chest Discomfort/ Coughing</i>	possible including wheezing may be concerning if difficulty breathing	mild to moderate; hacking mostly dry cough	Common, can be severe	may be present; concerning if difficulty breathing
<i>Stuffy Nose</i>	common	common	sometimes	may be present
<i>Sore Throat</i>	occasional, esp. if post-nasal drainage	common	sometimes	may be present
<i>Headache</i>	may or may not be present	rare	Common	may be present
<i>New Loss of Taste or Smell</i>	rare	very rare	no	suggestive of COVID if present
<i>Nausea, Vomiting, Diarrhea</i>	no	no	no	may be present

IS IT A COLD. . . OH MY! CONT.

As you have likely learned from the media, at present there is no vaccine or preventive measures available to protect oneself from COVID other than frequent handwashing, wearing face coverings when outside one's home, and maintaining a distance of at least six feet from others that do not live in your household. These hygienic measures likely will decrease your risk of getting other respiratory infections such as colds and influenza.

Since there is a vaccine for influenza, it is very important for individuals to get the flu vaccine this year. Since nearly all of us polio survivors in the U.S. are 65 years or older, it is advised that we be given the "high dose" flu vaccine. This is not based on the fact we had polio but is purely based on our chronologic age. The "high-dose" vaccine has four times the amount of flu antigen to the four different flu viruses (hence called a quadrivalent flu vaccine) that are expected to be causing influenza this fall/winter compared to what is in the quadrivalent flu vaccine given to younger individuals. According to an article in the *New England Journal of Medicine*, the high dose flu vaccine was shown to be 24% more effective at preventing flu in persons 65 and older than the standard flu vaccine. Nevertheless, no flu vaccine is 100% effective at protecting recipients from getting the flu if they are exposed to someone with influenza. In the past several years, flu vaccines have been shown to be about 40-50% effective. So-o-o, it is possible to get flu even if you got the flu shot, but it is thought that, in that case, you will have a less severe case of flu than if you never received the flu shot.

Those who should not get the flu vaccine are those with severe allergies to eggs and those who are sick with fever or any suspected infection including possible COVID. Persons who are sick with fever or have been recently exposed to COVID should *delay* getting the vaccine primarily to avoid exposing the vaccinators and staff to *whatever* you may have.

Initial treatment for colds, flu, and COVID are pretty much the same—fluids, rest, and symptomatic treatment such as acetaminophen (Tylenol) or ibuprofen (Advil, etc.) for treatment of fever and body aches. If you suspect that you may have contracted COVID, it is advisable to get tested 3-5 days after the date you suspect you were exposed and, of course, isolate yourself from the time of possible exposure until you get negative test results back in order to minimize the risk of you transmitting COVID to others.

COMMON QUESTIONS ABOUT COVID-19

What is the difference between an epidemic and a pandemic?

An outbreak is called an epidemic when there is a sudden increase in cases. As COVID-19 began spreading in Wuhan, China, it became an epidemic. Because the disease then spread across several countries and affected a large number of people, it was classified as a pandemic.

Jul 1, 2020

TERMS TO KNOW

Epidemic: Sudden increase in cases of a disease.

Epidemiology: Study of disease and other health outcomes, their causes in a population, and how they can be controlled.

Outbreak: A higher-than-expected number of occurrences of disease in a specific location and time.

Pandemic: Event in which a disease spreads across several countries and affects a large number of people.

SOURCE: Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/identifying-source-outbreak.html>

Are there delays in the availability of flu vaccine?

Currently, vaccine manufacturers are not reporting any significant delays in distributing flu vaccine this season. Because a record number of flu vaccine doses are being manufactured this year, the time to produce and distribute them will be longer. CDC will continue to provide weekly updates on total flu vaccine doses distributed throughout the 2020-2021 flu season.

Can I have flu and COVID-19 at the same time?

Yes. It is possible have flu, as well as other respiratory illnesses, and COVID-19 at the same time. Health experts are still studying how common this can be.

Some of the symptoms of flu and COVID-19 are similar, making it hard to tell the difference between them based on symptoms alone. Diagnostic testing can help determine if you are sick with flu or COVID-19.

Is there a test that can detect both flu and COVID-19?

Yes. CDC has developed a test that will check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19. This test will be used by U.S. public health laboratories. Testing for these viruses at the same time will give public health officials important information about how flu and COVID-19 are spreading and what prevention steps should be taken. The test will also help public health laboratories save time and testing materials, and to possibly return test results faster.

The Food and Drug Administration (FDA) has given CDC an Emergency Use Authorization for this new test. Initial test kits were sent to public health laboratories in early August 2020. CDC will continue to manufacture and distribute these kits.

Should a flu vaccine be given to someone with suspected or confirmed COVID-19?

No. Vaccination should be deferred (postponed) for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met the criteria to discontinue their isolation. While mild illness is not a contraindication to flu vaccination, vaccination visits for these people should be postponed to avoid exposing healthcare personnel and other patients to the virus that causes COVID-19. When scheduling or confirming appointments for vaccination, patients should be instructed to notify the provider's office or clinic in advance if they currently have or develop any symptoms of COVID-19.

Additionally, a prior infection with suspected or confirmed COVID-19 or flu does not protect someone from future flu infections. The best way to prevent seasonal flu is to get vaccinated every year.

SOURCE: CDC

<https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>

**Meet
CPPO's
NEW ADVISORY
COUNCIL
MEMBER
JIM CARR**



Jim has twenty years' experience as an accountant. He has started several small businesses, his most recent a property and casualty insurance agency with seven employees. Jim has been active with CPPO for several years.

Read more about Jim and his experience with polio in this issue's article "My World Turned Upside Down."



WE'RE STILL HERE!
PHI's Annual
Awareness Campaign
October 11 – 17, 2020
www.post-polio.org

South Denver Post-Polio Group Needs YOU!

This South Denver post-polio support group is looking for new members. It meets **the first Tuesday of each month, 11:00 to 12:00**. Please join us at the Colorado Club Building, 4155 E. Jewell, Ste. 218. Questions, please contact Hal Goldberg, its facilitator, at (303) 212-0017 or halgoldberg@halgoldberg.net.

Pueblo Post-Polio Support Group

Welcome Jill Eelkema! CPPO is pleased to announce Jill as the new facilitator for the Pueblo Post-Polio Support Group. Jill has facilitated the North Area group for many years, and we are excited that she will now lead the group in Pueblo. The next in-person meeting will be held, right after the New Year, **January 16 from 3:00 – 5:00pm**. The location has yet to be determined. Meetings thereafter will most likely be held quarterly. Please contact Jill Eelkema, (720) 675-9902 or jille@westerncarepartners.com for details.

CPPO is Going Greener
 If you would like to receive an electronic version of the newsletter via email rather than a paper newsletter in the mail, please email mtolman@eastersealscolorado.org.

Advisory Council Meetings

Zoom
 4:30pm

Monday, December 21

2021
 March 15
 June 21
 September 20
 December 20

Volunteers Wanted
 CPPO is looking for someone to volunteer on the Durable Medical Equipment (DME) Committee. It meets a few times a year to review requests and documentation of individuals seeking a DME Grant. All work can be done at home (no in-person meetings). Documents will be sent to committee members via email or U.S. Mail. Comments and recommendations can be sent via email or phone. Confidentiality is needed. Contact Dr. Eulberg if you are interested
 (303) 829-1538 or marnyeul@me.com.

MY WORLD TURNED UPSIDE DOWN BY JIM CARR



During all the years I have had polio, I never heard the term Upside Down Polio. In 2018 I attended my first polio retreat at Easterseals Camp in Empire, Colorado. I noticed that out of the approximate 40 polios, I was one of the few that had polio primarily in the upper body. That is where I learned the term used for this was “upside down polio”.

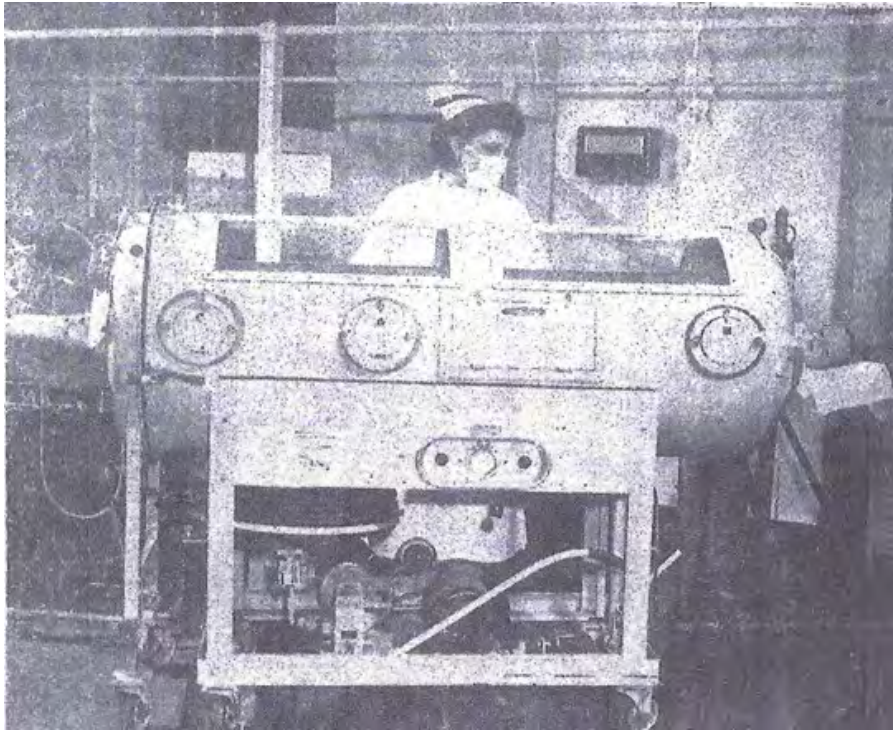
The lasting visible effects of my polio include a paralyzed right arm, a partially paralyzed left arm, and a very weak neck and shoulders. In my case I also have no quadriceps in my left leg making me now prone to falling. Because of my significant upper body weakness, I am unable to use a cane, crutches, walker, unable to break a fall with my hands/arms and it is very difficult to get back up from the floor or ground. When I was encouraged to write my story, one person suggested I call it “Face First”.

In 1952, we moved from Arizona to Michigan where there were more opportunities to work. The auto industry was booming in Flint. That summer I got real sick with flu like conditions that continued to get worse. My dad took me to the doctor and the doctor prescribed medicine for the flu. The next morning at breakfast we had oatmeal and I couldn't lift my right arm to eat. My parents knew something was not right and took me back to the doctor. He examined me again, checked my spine and sent me to the hospital. My spine was fine, but it was then he was considering polio.

My world turned upside down at the age of three in 1952. I believe that was the time when the polio epidemic in the Flint area started escalating. Mostly it was kids who were admitted to the hospital, but some adults were as well. This was also the year more cases of polio were reported in the US than during any of the 29 years of the polio epidemic. There was no cure, no way to stop polio and nowhere to run from it. In 1952, the US reported 57,600 cases, 3,150 deaths and 21,270 left with paralysis. People lived in fear.

Most of this story, my story, is what I have learned from my dear mother. She is 92 years old and remembers this time very well. My parents' experience with polio was, by far, much worse than mine. I was three years old and don't remember much about the initial stages. While my mom was with me most of the time at the hospital, she was also pregnant with my brother. During my hospital stay, my younger brother was born in the same hospital and I was the first family member to see him.

My polio started out with paralysis in my right arm and upper part of my left arm with weakness in my upper body. I don't think at the time they knew my left leg was affected. After two months it turned into bulbar polio affecting my ability to breathe and I was put in an iron lung. The iron lung breathed for me 24 hours a day for six months. The port holes on the side of the iron lung is where the nurses would provide hygiene care. The neck collar was tight to prevent air leakage while the machine breathed for me moving the padded tray, I laid on, back and forth. I had a bald spot on the back of my head from the movement.



This picture from the Flint Journal in September 1952 shows the first two-person iron lung at that hospital. I am the kid on the right side. Those in the iron lung were the sickest and represented most of those who were dying.

Nobody could visit the kids in the iron lung section except for, on occasion, parents with mask and gown. Parents were made to sit in a semi-circle in an area by the iron lung room anxiously waiting for the door to open and a doctor to come out. When a doctor finally came out, it usually meant someone's child had died. Each

hoped it wasn't their child and grieved together with the unfortunate parents. My mom told me they were filled with nervous anticipation every time they would come see me, hoping I was still alive. To my surprise, my mom remembered that 127 died from polio at Hurley Hospital that year. After six months in the iron lung, I improved to where I was put back with the other kids. I stayed an additional four months making my total time hospitalized almost one year.

I was four years old when I was finally allowed to go home to be with my family. I started working with a physical therapist that had been in the military who had worked with injured WWII veterans. She took a lot of interest in me and was like a part of our family. I received a birthday card every year until she couldn't because of dementia in her later years. Most of the time she would drive us the one-hour trip, three times a month, to the large and intimidating University Hospital in Ann Arbor, Michigan. Her actions and concern made a significant difference in my quality of life. There would be several doctors lined up with me sitting there, along with my mom and therapist while the doctors discussed my situation. The doctors didn't really know what to do and considered amputating my arm. My PT was adamant that was



not going to happen. I am so thankful to her for being there and preventing that from happening. As all people with disabilities do, you learn to adapt to your physical limitations and the more you have to work with, more things are possible.

After a few visits to Ann Arbor, and my right arm still attached, they tried different braces on my right hand and wrist designed to hold my fingers straight and to prevent them from curling up.

The picture on the left shows a bilateral “airplane” brace to lift both arms. I would run into doors and walls. Seeing it now, I wonder how I could sleep with it. I was supposed to wear it 24/7. They were experimenting and didn’t know what would work best so shortly after that they went to

surgeries.

My first surgery was done on my right hand when I was six years old. They grafted a bone from my hip placed it between my thumb and index finger to make my hand more functional. The intent was to make it so I could carry light things using my right hand. My second surgery was when I was eight years old on my left hand to prevent my fingers and hand from curling up. Both surgeries were successful and helped improve my quality of life.

After experimenting with braces and two surgeries, at the age of eight I was free from the frequent hospital visits and started living a life like other kids. I never thought too much about having polio growing up and was a happy kid. My parents were old school and never gave me any preferential treatment over my brothers and sister. When it was my turn to mow the yard, I mowed it. As I look back at it now, I am very appreciative of the way I was raised. There was very little I thought I couldn’t do, and it gave me confidence to try most anything.

As an active child I never had issues with my left leg. I was always playing different sports with my brothers and neighbors. As an adult, I played tennis, ran 10 K’s (6.2 miles), hiked trails, skied, played soccer, golfed and climbed Longs Peak. It was during my 50s I started to occasionally fall while playing tennis. Falling on a tennis court is no fun. Another clue something was not right was when I could no longer push my left leg down into my ski binding. It was then that I first learned about post-polio syndrome. As my muscle weakness continues to get worse, I must be very careful when walking. I tend to drag my left leg, more so when tired. When I don’t pick my foot up and my left leg bends at the knee, I start to fall. With no quadriceps in my left leg there is no way to stop the fall.

My world turned upside down at the age of three. The good thing is when you are three years old you don’t really understand what is upside down or right side up.

ADVISORY COUNCIL MEMBERS

Sue Brandon, Chairperson	(763) 377-2287	Sue.Brandon@q.com
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Margaret Hinman	(303) 763-0013	mhinman12@icloud.com
Robert Burnett (Hablo Espanol)	(720) 394-5500	robert.v.burnett@gmail.com

Colorado Post-Polio Support Group Schedules

AT THIS TIME, AS A RESULT OF THE COVID OUTBREAK some Support Groups are beginning to meet in-person with appropriate social distancing. Others are meeting virtually. Persons without a computer can call in to participate in the conversation. Contact your group's facilitator for the specific call-in phone number. We encourage you to stay in touch with your facilitator to find out how your group will be meeting.

Aurora – Meets 4th Thursday of each month, 11:00am to Noon

Contact: Myrna Schmidt – (608) 790-5755 – myrnaschmidt1@yahoo.com

Colorado Springs – Meets 1st Saturday of each month, 10:00am to Noon, Sand Creek Division, C.S. Police Dept., 950 Academy Park Loop

Contact: Hal Goldberg – (303) 212-0017 – halgoldberg@halgoldberg.net

Grand Junction – On hiatus until new facilitator found. If you are interested or know someone who might be interested in leading this group, please contact Mitzi Tolman – (720) 940-9291 – mtolman@eastersealscolorado.org

Lakewood – Meets the 2nd Tuesday of May, June, September & November

Contact: Annette Beck – (720) 427-1789 – annette.beck242@outlook.com

North Area – Meets 3rd Saturday of the month, 10:00am to Noon

Contact: Jill Eelkema – (720) 675-9902 – jille@westerncarepartners.com

Northern Colorado (Fort Collins) – Meets 4th Saturday of each month, 10:00am to Noon

Contact: Peter Way – (970) 460-6164 – NOCOPolio@gmail.com

Pueblo – **(CHANGED)** The next in-person meeting will be held January 16, from 3:00–5:00pm

Contact: Jill Eelkema – (720) 675-9902 – jille@westerncarepartners.com

South Denver **(CHANGED)** – Meets 1st Tuesday of each month, 11:00am to Noon

Contact: Hal Goldberg – (303) 212-0017 – halgoldberg@halgoldberg.net



**2021 DATES SET!
ROCKY MOUNTAIN
GETAWAY!**

Sunday, August 15 –
Thursday, August 19,
2021

Empire, Colorado
Rocky Mountain
Village

Contact Mitzi Tolman
for more information,
mtolman@
eastersealscolorado.org.

Easterseals Colorado Camp – Home of Colorado Post-Polio Rocky Mountain Getaway

If you would like to donate to support Colorado Post-Polio efforts, please complete this form, detach and mail it to Mitzi Tolman at Easterseals Colorado. To ensure that we receive 100% of your donation, contributions should be payable to Easterseals Colorado with "**POST-POLIO**" WRITTEN IN THE MEMO LINE. Your contribution will be gratefully acknowledged.

Thank you again!

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Mail to: Easterseals Colorado, 393 S. Harlan St., Ste. 250, Lakewood, CO 80226

Memo line: Post-Polio

**FREE MATTER FOR
BLIND OR DISABLED**

Colorado Post-Polio
c/o Easterseals Colorado
393 S. Harlan St., Ste. 250
Lakewood, CO 80226



This Is YOUR Newsletter –

Connections is the official news publication of the Colorado Post-Polio Program. The opinions are those of the individual contributors, and do not necessarily constitute an endorsement or approval by either the Colorado Post-Polio Council or Easterseals Colorado. **(Always check with your personal physician for all medical questions and concerns.)**

We invite not only your comments about this newsletter; tell us what topics you want to read about in future issues. If you have article ideas or suggestions, are willing to write a short article, tell your personal story or you'd like to review a book, please call **Mitzi Tolman at (720) 940-9291** or e-mail her at mtolman@eastersealscolorado.org, or write to:

Colorado Post-Polio *Connections*
c/o Easterseals Colorado
393 S. Harlan St., Ste. 250
Lakewood, CO 80226

If you prefer to receive this newsletter online or change your mailing information, please contact: Mitzi Tolman at Easterseals Colorado, at (720) 940-9291 or mtolman@eastersealscolorado.org