

connections

colorado post-polio • since 1981

**GOOD-BYE POLIO
THANKS ROTARY**



Ever wondered what these bumper stickers were all about?

Rotary International, a service club of business people and professionals that has 1.2 million members in nearly all countries of the world, declared in 1978 that its one unifying global project would be Ending Polio Now.

What are some reasons a polio survivor might want to thank a Rotarian?

- ✓ In 1978, Rotary International began mass immunizations in the developing world including paying for and organizing immunization campaigns that reached 6 million children in the Philippines.
- ✓ Its advocacy efforts to get other agencies/organizations to join the effort for global polio eradication AND raising money. It was only after Rotary raised \$148 million dollars and waged an aggressive campaign with governments, WHO, UNICEF and others, that it was taken seriously. In 1988, WHO launched the Global Polio Eradication Initiative (GPEI) that combined private and governmental entities into one organization whose only goal is eradicating polio world-wide.
- ✓ Since 1988, the number of countries with active cases of polio caused by the wild poliovirus(es) has dropped from 125 to only 2 – currently only endemic in Pakistan and Afghanistan.
- ✓ India had its last case of polio in 2011 due to the yearly immunization of more than 170 million children!



Winter 2020

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- ✓ The number of children paralyzed by the wild poliovirus(es) has dropped by 99% since 1988. In 1988 there were an estimated 350,000 cases of acute polio in the world; in 2017 only 22 cases and in 2018 33 cases, but unfortunately 2019 cases will be about 125. Furthermore, in 2019, there were 241 children paralyzed by polioviruses that had mutated from the attenuated, but still live, polio vaccines that have been or still are in the oral polio vaccine.
- ✓ Two WILD polioviruses have been declared eliminated from the world—Poliovirus Type 2 and Type 3. And Type 2 poliovirus is no longer included in the oral polio vaccine being used in most of the world.
- ✓ To maintain adequate herd immunity 250 to 400 million children must be vaccinated EVERY YEAR!!
- ✓ Although Rotary International’s focus is the eradication of polio, individual Rotary Clubs have supported polio survivors. For example, the Rotary Club of Wheat Ridge, Colorado has donated up to \$1,000 for scholarships to the biennial Rocky Mountain Post-Polio Getaway (Camp) and Rotary District 5440 paid for the production of the video, “Faces of Polio in the USA”.

If you would like more information about the current status of polio in the world (updated weekly) and the efforts to eradicate polio, go to GPEI’s website www.polioeradication.org. If you would like information about Rotary International, Rotary Clubs in your area, or their efforts to End Polio, go to www.rotary.org. Nearly all local Rotary clubs welcome you contacting them in advance or just dropping in at one of their meetings.

A Note from Dr. Marny Eulberg: I wrote this article because I am regularly surprised when patients ask me what charities I’d recommend they might make a donation to in lieu of my charging for their evaluation, and one of the three organizations I suggest, Rotary, they are unfamiliar with its history supporting polio. So I hope this helps educate polio survivors, and hopefully maybe even gets a few readers to visit a Rotary Club or donate to its efforts to eradicate polio from the world.

Easterseals Colorado Warm Water Therapy Pool

Over the last several years, the Warm Water Therapy Pool has experienced significant equipment/system failures due to long-term use. After pursuing several different options to repair equipment (specific to this system), it became apparent that many of the parts needed are no longer available or are very expensive due to the pool’s age/rarity of the part and that at some point in the near future, the entire system would fail. The cost to upgrade the pool with newer equipment/system would be extremely prohibitive. As a result of these difficulties, the Warm Water Therapy Pool closed in November of 2019.

ZANTAC (RANITIDINE): SAFETY INFORMATION - NDMA FOUND IN SAMPLES OF SOME RANITIDINE MEDICINES

Posted 09/13/2019

AUDIENCE: Consumer, Patient, Health Professional, Pharmacy

ISSUE: FDA has learned that some ranitidine medicines, including some products commonly known as the brand name drug Zantac, contain a nitrosamine impurity called N-nitrosodimethylamine (NDMA) at low levels. NDMA is classified as a probable human carcinogen (a substance that could cause cancer) based on results from laboratory tests. NDMA is a known environmental contaminant and found in water and foods, including meats, dairy products, and vegetables.

BACKGROUND: Ranitidine is an over-the-counter (OTC) and prescription drug. Ranitidine is an H₂ (histamine-2) blocker, which decreases the amount of acid created by the stomach. Over-the-counter Ranitidine is approved to prevent and relieve heartburn associated with acid ingestion and sour stomach. Prescription Ranitidine is approved for multiple indications, including treatment and prevention of ulcers of the stomach and intestines and treatment of gastroesophageal reflux disease. The FDA has been investigating NDMA and other nitrosamine impurities in blood pressure and heart failure medicines called Angiotensin II Receptor Blockers (ARBs) since last year. In the case of ARBs, the FDA has recommended numerous recalls as

it discovered unacceptable levels of nitrosamines.

RECOMMENDATION: The FDA is not calling for individuals to stop taking ranitidine at this time; however, patients taking prescription ranitidine who wish to discontinue use should talk to their health care professional about other treatment options. People taking OTC ranitidine could consider using other OTC medicines approved for their condition. There are multiple drugs on the market that are approved for the same or similar uses as ranitidine.

Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178.

Source: https://www.fda.gov/safety/medwatch-safety-alerts-humanmedical-products/zantac-ranitidine-safety-information-ndma-foundsamples-some-ranitidinemedicines?utm_campaign=FDA%20MedWatch%20Zantac%20%28ranitidine%29%20Safety%20Information&utm_medium=email&utm_source=Eloqua

Boca Area Post Polio Group – Second Time Around – January 2020 – Boca Raton, FL

Another Rotary Connection

Edgar Allen was a successful businessman in Elyria, Ohio who made his fortune supplying railroad ties for the growing railroad industry. On Memorial Day weekend 1907, Allen's 18-year-old son, Homer, was killed in a streetcar accident. Elyria only had a makeshift hospital and if emergency medical care had been available, the boy could have been saved. Allen sold his business and devoted himself to raising the funds needed for a hospital.

Elyria Memorial Hospital opened in 1908. It was the turning point in his life. While volunteering at Elyria Memorial Hospital, Allen met 8-year-old orphan, Jimmy Bodak, who was brought to the hospital in an effort to help straighten his legs. Jimmy began calling Allen by the name for which he would come to be known, "Daddy." Allen became aware of the need for a facility for crippled children and through his fund-raising efforts, opened the Gates Hospital for Crippled Children in 1915. It was the first facility of its kind in the nation. In 1919, Allen and fellow Ohio Rotary club members formed the National Society for Crippled Children. Allen was elected as its first president. By 1922, the organization became known as the International Society for Crippled Children. Paul Harris, the founder of Rotary, was its first chairman.

"We have but one life. We get nothing out of that life except by putting something into it. To relieve suffering, to help the unfortunate, to do kind acts and deeds is, after all, the one sure way to secure happiness or to achieve real success. Your life and mine shall be valued not by what we take... but by what we give." Edgar F. Allen

In 1930, the International Society for Crippled Children supplied data for the first White House Conference of Child Health and Protection. Allen and Harris coauthored "The Crippled Children's Bill of Rights," which led to federal funding for children's services, written into the Social Security Act of 1935. In September of 1937, Edgar Allen died. His marker reads simply, "Edgar F. Allen, known as 'Daddy' to all friends of the crippled."

The National Society for Crippled Children, founded by 'Daddy Allen' and Ohio Rotary members in 1919, is now known as Easterseals. Easterseals Colorado was founded in 1926.

Tell Your Story!

Stories have power. In Colorado, our low immunization rates put vulnerable community members—including infants too young to be fully immunized and seniors with less robust immune systems—at risk for dangerous, and sometimes deadly, diseases. By gathering stories from people like you, we can help the broader Colorado community see why high vaccination rates are important for the health and safety of everyone in our state.

There are many ways your personal story can influence change. Whether it convinces a friend to vaccinate their newborn, or provides support for others with sad or difficult experiences of loss or injury, your experiences are important to share. If you are interested, please contact Emily Clancy at Emily.Clancy@childrenscolorado.org or call 720-777-4136.

Remember that a story can include just a few lines you share in writing or a whole experience you would like to tell publicly. We are happy to work with you in any way you wish to make sure we use your voice effectively and respectfully. We invite and encourage you to share your story and speak up for healthy communities.

Philanthropy News Digest

\$2. Billion Pledge for Last-Mile Efforts to Eradicate Polio

The [Global Polio Eradication Initiative](#) has announced commitments totaling more than \$2.6 billion from donor governments and global philanthropies in support of efforts to eradicate polio.

Led by a number of national governments in partnership with the [World Health Organization](#), [Rotary International](#), the [U.S. Centers for Disease Control and Prevention](#), [UNICEF](#), and the [Bill & Melinda Gates Foundation](#), GPEI hopes to raise \$3.27 billion to fund its [Polio Endgame Strategy 2019-2023](#), which is focused on detecting and interrupting all poliovirus transmission, strengthening immunization systems, and integrating polio surveillance with vaccine-preventable disease surveillance systems. Pledges announced at the [Reaching the Last Mile Forum](#) in Abu Dhabi last week included commitments of \$1.08 billion from the Gates Foundation and \$150 million from Rotary International. Other commitments in support of the strategy include pledges from Sheikh Mohamed bin Zayed Al Nahyan, crown prince of Abu Dhabi (\$160 million); [Bloomberg Philanthropies](#) (\$50 million), [Dalio Philanthropies](#) (\$25 million), the [Tahir Foundation](#) (\$15 million), the [United Nations Foundation](#) (\$6.4 million), [Alwaleed Philanthropies](#) (\$2 million), the [Charina Endowment Fund](#) (\$1 million), and the Ningxia Yanbao Charity Foundation (\$1 million).

Donor governments announcing commitments at the event include the

United States (\$215.92 million), Pakistan (\$160 million), Germany (\$105.05 million), Nigeria (\$84.17 million), Norway (\$10.83 million), Australia (\$10.29 million), Japan (\$7.4 million), Luxembourg (\$2.22 million), New Zealand (\$1.34 million), Spain (\$116,000), and Liechtenstein (\$10,000). Earlier this month, the United Kingdom announced that it would contribute up to \$514.8 million in support of the strategy.

"From supporting one of the world's largest health workforces to reaching every last child with vaccines, the Global Polio Eradication Initiative is not only moving us closer to a polio-free world, it's also building essential health infrastructure to address a range of other health needs," said WHO director-general Tedros Adhanom Ghebreyesus, who chairs the Polio Oversight Board. "We are grateful for the generous pledges made today and thank governments, donors, and partners for standing with us. In particular, I would like to thank His Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, for hosting the GPEI pledging moment and for his long-term support for polio eradication."

Source: "[Global Leaders Pledge US\\$2.6 Billion to Eradicate Polio at the Reaching the Last Mile Forum in Abu Dhabi.](#)" *Global Polio Eradication Initiative Press Release 11/19/2019.* "[Pledging Moment Table.](#)" *Global Polio Eradication Initiative Press Release 11/19/2019.*

<https://philanthropynewsdigest.org/news/2.6-billion-pledged-for-last-mile-efforts-to-eradicate-polio>

Two Strains of Polio Are Gone, but the End of the Disease is Still Far Off

By Donald G. McNeil, Jr.
New York Times

Published Oct. 23, 2019

Update Oct. 28, 2019

Only polio virus Type 1 persists, and only in Pakistan and Afghanistan. But now mutant vaccine viruses are paralyzing some unvaccinated children.

In another milestone on the long, expensive and sometimes discouraging road to wiping out polio, global health officials announced Wednesday that two of the three strains of wild polio virus have officially been eliminated.

Although that brings the world another step closer to eradication, the effort has taken far longer than was ever anticipated. When the campaign began in 1988, most public health officials and donors expected the battle to be over by 2000.

But two major obstacles emerged.

First, millions of families around the world have not let their children have the drops because of [persistent false rumors](#) that the vaccine is [a Western plot](#) to sterilize Muslim girls or do [other harm](#).

Second, in some countries viruses used in the oral vaccine itself have mutated into a form that can be passed on in diapers and sewage, and can paralyze unvaccinated children. That has contributed to fear of the oral vaccine, even though full vaccination is the only protection against such mutant viruses.

Just in the last [two months](#), cases of paralysis caused by mutant vaccine viruses have been reported [in the Philippines, Zambia, Togo and Chad](#).

Because paralysis occurs in only about one in every 200 cases of polio, experts assume many more children have been infected.

Stopping such outbreaks typically requires vaccinating hundreds of thousands of children with both the injectable vaccine, which contains killed virus that cannot mutate, and the oral vaccine. The latter contains weakened viruses that normally cannot cause disease but provide better protection than killed viruses.

The strain that the [Global Certification Commission for the Eradication of Poliovirus](#) declared eliminated this week is Type 3 wild polio virus, the last case of which [was seen in Nigeria in 2012](#). Type 2 was declared eliminated in 2015; the last case was detected in India in 1999.

Type 1, the only wild strain left, circulates only in Pakistan and Afghanistan.

(In the 1950s, the three strains had more evocative names: Brunhilde, Lansing and Leon. The first was named after a lab chimpanzee, the second after the Michigan city where it was isolated, and the third after a Los Angeles boy who died of it. The nicknames later fell out of favor.)

Enormous, multiyear surveillance efforts are required before a viral strain can be declared extinct. Children can be paralyzed by several other viruses, by bacterial brain infections and by neck and spine injuries.

To ensure that polio was not the cause, stool samples must be taken from more than 100,000 paralyzed children every year. Thousands of sewage and water samples are drawn in 70 countries; the virus can be detected at parts-per-million concentrations.

“The certification commission has been very, very careful,” said [Dr. Walter A. Orenstein](#), a polio expert at Emory Vaccine Center in Atlanta and former immunization director at the Centers for Disease Control and Prevention.

In the last decade, a dangerous new front has opened in the war on polio.

In countries where vaccination rates are low, the weakened viruses in the oral vaccine can circulate in wastewater and mutate into what are effectively evil twins of themselves.

By piling up random genetic changes, or by swapping genes with other intestinal viruses like Coxsackie virus, viruses can become virulent again and paralyze children who have never been vaccinated.

In the last two years, outbreaks of cVDPV — which stands for “circulating vaccine-derived polio virus” — have struck nearly 20 countries.

Although most of those outbreaks have been small and eventually were contained, more children are now paralyzed by

cVDPV each year than by Type 1 in Pakistan and Afghanistan.

For example, thus far this year, [88 Pakistani and Afghani children have been paralyzed by the last wild strain, while 95 children in Africa and Asia have been paralyzed by vaccine-derived viruses.](#)

To prevent that, the eradication campaign is taking several steps.

First, health officials are trying to see that every child in the world gets at least one dose of the injected vaccine. It circulates in the blood, so a child can still get — and spread — a gut infection but won’t be paralyzed by it.

Second, a year after Type 2 polio was eliminated worldwide, the campaign rolled out a new “bivalent” vaccine lacking the Type 2 weakened virus.

But there will be no “monovalent” vaccine with only Type 1 weakened virus, said Michel Zaffran, director of polio eradication at the World Health Organization.

“The Type 2 was so powerful that it dominated the old vaccine,” he said. “Removing Type 3 will not make the current one more immunogenic.”

It was a bureaucratic nightmare, he added, to get every country in the world to import and refrigerate hundreds of millions of new vaccine doses and safely destroy their old ones.

“We don’t need to create a new problem,” Mr. Zaffran said.

Third, the Bill and Melinda Gates Foundation is supporting the

[creation of new oral vaccines](#) less able to mutate into dangerous forms.

“Tightening the loose ends” by cutting some nucleotides out of the part of the genome that acts as a gatekeeper leaves it less likely to swap genes with other gut viruses, said Dr. [Ananda S.](#)

[Bandyopadhyay](#), a polio program officer at the foundation.

In addition, rearranging the genes that create the polymerase, which helps the virus copy itself, means fewer “copying errors” that may be dangerous.

Because most recent outbreaks have been caused by mutant versions of Type 2, the foundation has fast-tracked clinical trials on that strain of the new vaccine, Dr. Bandyopadhyay said.

“If all goes well, it could be ready as early as 2020,” he said.

Novel versions of Type 1 and Type 3 vaccines should follow in another couple of years, he said.

The new versions are not intended for routine vaccination, he said, but for an emergency stockpile used to fight outbreaks.

Donald G. McNeil Jr. is a science reporter covering epidemics and diseases of the world’s poor. He joined The Times in 1976, and has reported from 60 countries.

Source:

<https://www.nytimes.com/2019/10/23/health/polio-strain-eradication.html>

Advisory Council Meetings

Easterseals Colorado
393 S. Harlan St., Ste. 250
Lakewood
4:00pm
March 16
June 25
September 21
December 21

2020 CPPO Upcoming Events

Rocky Mountain Getaway

Camping experience, informative, educational & fun activities!
Rocky Mountain Village
Empire, Colorado

Sunday, August 16 -
Thursday, August 20

CPPO Traveling Clinic

Next stop - Fort Collins
Fall 2020
Dates to be Determined

Colorado Post-Polio 2020 Rocky Mountain Getaway

Join Colorado Post-Polio &
Easterseals Colorado

Sunday, August 16 - Thursday, August 20, 2020

Rocky Mountain Village Camp
Empire, Colorado

Relax at this all-handicapped accessible camp
in the Rocky Mountains near
Georgetown, Colorado

Take advantage of the swimming pool and hot tub

Go fishing

Ride the zip line

Explore accessible hiking trails

Take in evening entertainment

Breathe in the mountain air

Gaze at the clear starry night skies

Enjoy old friends and make new ones

Engage in lively conversations

Have fun!

**Participate in polio related educational
lectures, discussions, exercise,
physical therapy, craft activities.**

MORE INFO: mtolman@eastersealscolorado

We hope to see you there!

Pueblo Post-Polio Support Group

Pueblo Post-Polio Support Group
Next Meeting

May 2, 11am to 2pm

Barkman Library

Speakers TBD, Brown bag lunch

INFO: Mary Leonard,

SOCO Facilitator

(719) 544-4789

South Denver Post-Polio Group Needs YOU!

The Centennial post-polio support
group is looking for new members.

Meets:

2nd Tuesday of each month

10:45am to 12:30pm

Colorado Club Building

INFO: Hal Golberg, Facilitator

(303) 212-0017

halgoldberg@halgoldberg.net

ADVISORY COUNCIL MEMBERS

Sue Brandon, Chairperson	(763) 377-2287	Sue.Brandon@g.com
Marny Eulberg, MD, Medical Advisor	(303) 829-1538	marnyeul@me.com
Mitzi Tolman, Post-Polio Program Coor.	(720) 940-9291	mtolman@eastersealscolorado.org
Pat Jenni	(303) 880-3581	patjenni@gmail.com
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

Support Groups have an activity or program for each meeting. In bad weather, call the contact person to make sure the meeting will be held.

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, 10:00-noon, Sand Creek Division, C.S. Police Dept., 950 Academy Park Loop.

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

Grand Junction – Please call for date, time and location.

Contact: Melanie McClanahan – (303) 638-3302 – melcoloradogirl@gmail.com

Lakewood – Meets the 2nd Tuesday of March, May, June, September & November, 11:00am to 1:00pm at Easterseals Colorado (**NEW**) until further notice, bring a brown bag lunch.

Contact: Annette Beck – (303) 427-1789 – annette.beck242@outlook.com

North Area – Meets 3rd Saturday of the month, 10:00 to Noon, Vibra Hospital Longs Peak Conference Room

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 – May 2nd, 11am – 2pm, Barkman Library, brown bag lunch

Contact: Mary Agnes Leonard – (719) 544-4789 – maryagnesleonard@gmail.com

South Denver – Meets 2nd Tuesday of each month, 10:45 to 12:30, Colorado Club Building, 4155 E. Jewell, Ste. 218. Contact: Hal Goldberg – (303) 212-0017 –

halgoldberg@halgoldberg.net



**EASTERSEALS
COLORADO CAMP
HOME OF COLORADO
POST-POLIO ROCKY
MOUNTAIN
GETAWAY**

JOIN US!

**For more information
and registration
package, contact:**

**mtolman
@eastersealscolorado.org**

If you would like to make a donation to support SCHOLARSHIPS so post-polio survivors can attend the Rocky Mountain Getaway in August 2020, 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 SCHOLARSHIPS" 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 SCHOLARSHIP

**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 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