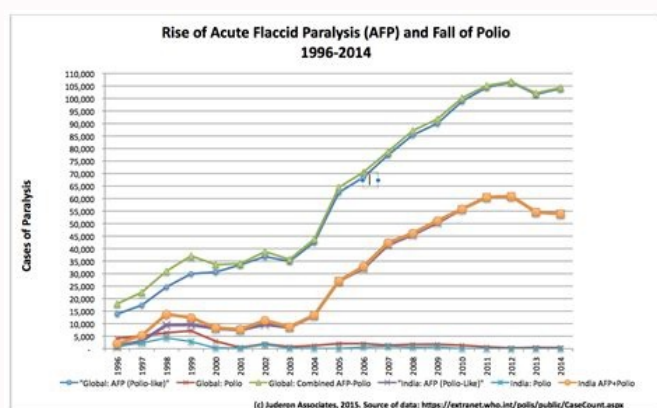
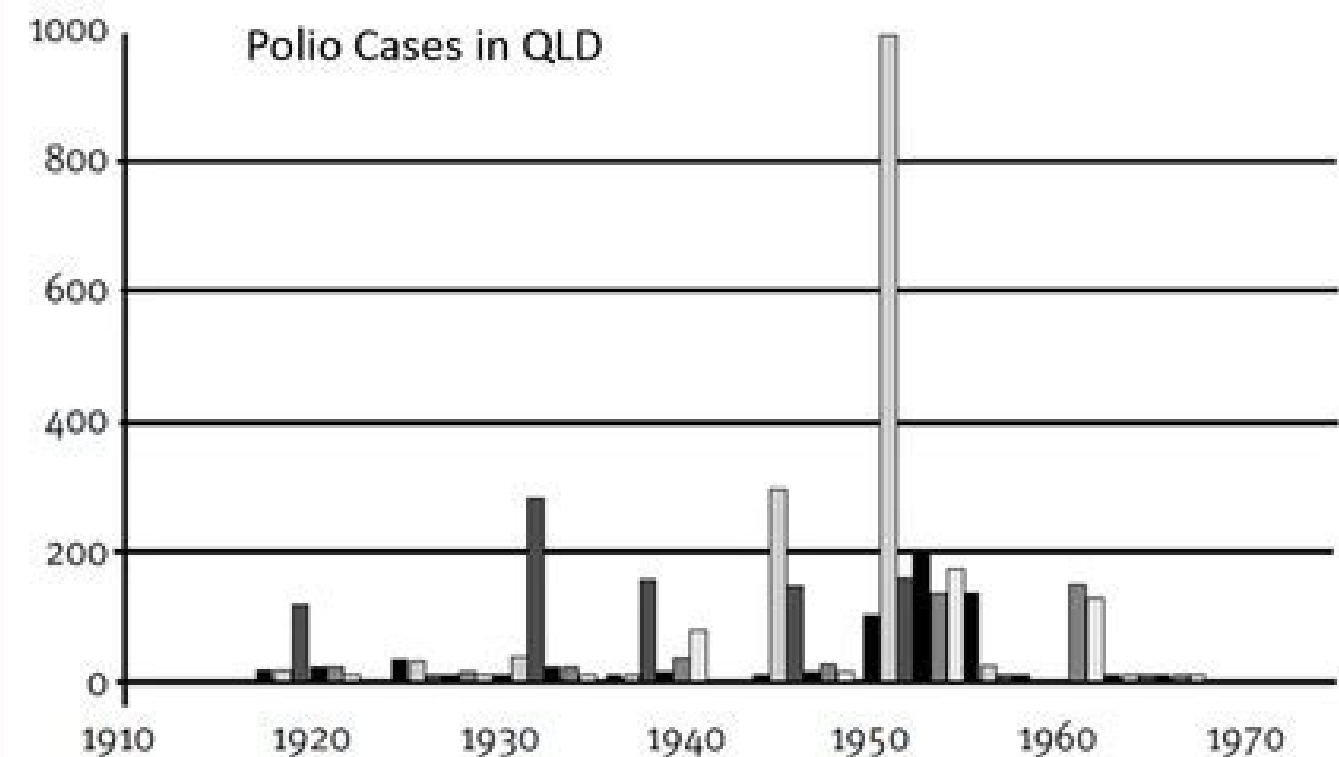


Last reported case of polio in australia

I'm not robot!







When was the last reported case of polio in the united states. Last known case of polio in australia. Last reported case of polio in india. When was the last case of polio in australia.

(poliomyelitis or infantile paralysis) is a viral infection that was common in the Western world until the early 1960s. Most cases of polio developed only mild symptoms while others were more severe and progressed to a paralytic form. In Australia there were major polio epidemics in the late 1930s, early 1940s and 1950s. The last epidemic was in 1956. Polio vaccines were introduced in Australia in 1956 (Salk) and 1960 (Sabín) and were followed by mass immunisation programs. With the continuing immunisation of children, the disease will be eradicated in Australia as well as in other parts of the Western world. It is estimated that a minimum of 20,000 - 40,000 people had paralytic polio in Australia between 1930s and 1960s. Actual figures for the number of people infected with the virus are up to a hundred times greater, 2 - 4 million Australians. While polio no longer threatens Australian society today, it is not forgotten. Thousands of Australians are now experiencing what is known as the late effects of polio or post-polio syndrome (PPS). The late effects of polio are a set of unexpected new symptoms occurring some 30 - 40 years after the initial infection. The late effects of polio are generally considered to be a second phase of polio. Some people will develop symptoms while others will not. Only people who previously had polio can experience the late effects of polio, although its symptoms may be synonymous with other conditions. Commonly reported symptoms include uncustomised fatigue (neither muscle fatigue or a feeling of total exhaustion); new muscle weakness (including muscles apparently unaffected at the time of the initial polio infection); joint and/or muscle pain; sleeping, breathing or swallowing difficulties; increased tiredness; increased susceptibility to infections; and increased difficulty in carrying out everyday tasks. People with polio need to be harder than other muscles not affected by the virus to keep up with the demands of everyday living. There is no definitive test for PPS. A doctor diagnoses PPS by eliminating other possible causes of the person's symptoms. Referral to a specialist in Rehabilitation Medicine is desirable. Early detection of symptoms can help to alleviate ensuing problems and prevent further deterioration attributable to overuse. Energy conservation and pacing of activities appear to be quite successful in managing the symptoms of the late effects of polio. During the 1990s research into the late effects of polio and PPS was undertaken at Sydney's Prince of Wales Medical Research Institute. Objective: To provide evidence according to the requirements of the Global Commission for Certification of Poliomyelitis Eradication that poliomyelitis has been eliminated in Australia. Methods: Documentation of the surveillance of poliomyelitis, the presence of a comprehensive national immunisation program, and a network of laboratories for viral diagnosis. Active surveillance of acute flaccid paralysis (AFP) cases was initiated in 1995 to prove that poliovirus does not cause such paralysis. Australia is also evaluating the surveillance of AFP through a retrospective hospital based study. Results: The last case in Australia of polio due to wild poliovirus was seen in 1978 and the last case of vaccine-associated paralytic poliomyelitis detected by serology was in 1994. The latest immunisation coverage figures for OPV3 for children under one year of age is 85.6%. The Australian National Polio Reference Laboratory has tested 821 enteroviruses since 1994 and have not identified any wild polioviruses. The average rate of non-polio AFP based on 111 cases investigated for the period 1995-98 is 0.71 per 100,000 under the age of 15 years. Stool samples were collected from only 21% of cases. Conclusion: The process of certification of the eradication of poliomyelitis in Australia is almost complete. Although immunisation coverage is high, improvement in AFP surveillance and stool collection is vital for the final certification of the eradication of polio in Australia. The late effects of polio are a second phase of polio. The late effects of polio are a set of unexpected new symptoms occurring some 30 - 40 years after the initial infection. The late effects of polio are generally considered to be a second phase of polio. Some people will develop symptoms while others will not. Only people who previously had polio can experience the late effects of polio, although its symptoms may be synonymous with other conditions. 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