EUROPEAN POLIO UNION

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THE EUROPEAN POLIO UNION ANNUAL REPORT FOR THE YEAR 2024-2025 (the period between AGMs 2024 and 2025)

Colleagues, friends and members, the EPU has completed another successful year although we have had to overcome a number of obstacles on the way. In our work, we always strive to achieve our objectives which were set down by our founding fathers. We are an organisation which continues to work for people who have suffered the after effects of polio which includes Post Polio Syndrome (PPS). We publish a newsletter which highlights areas of particular concern to member countries and we encourage local organisations to contribute articles regarding their success and failures in dealing with the consequences of polio. Above all, we strive to encourage governments in Europe to ensure that polio immunisation levels are such that outbreaks of polio will not recur. This has become an extremely important objective since the number of 'anti-vaxers' has greatly increased since the Covid epidemic. The Russian invasion of Ukraine caused the abandonment of a national immunisation programme in that country. Discussions with our American colleagues via the Post Polio Syndrome Advocacy Group has highlighted the increasing influence of anti-vaxers with a fear that people in some States are not having their children vaccinated. Younger parents today, who are not familiar with the after effects of Polio, do not realise that once polio is contracted it is a life-long and life changing condition. But I am speaking to the converted! Polio became a major international news item when UNICEF were unable, for a period, to carry out an immunisation programme in Gaza. The EPU issued a press statement supporting a cessation of hostilities in Gaza in August 2024 to allow a vaccination campaign take place. This statement was sent to all partners of the Global Polio Eradication Initiative and received wide coverage.

There are fears, particularly related to Pakistan and Afghanistan, where the WHO, at its last Emergency Meeting, reported the number of WPV1 positive environmental samples in Pakistan was 402 in 2024 compared to 126 in 2023 and in Afghanistan in 2024 was 84 compared to 62 in 2023. Our Secretary circulates the WHO report weekly on the spread of wild polio virus, particularly in third world countries.

So we have got to be on our guard, support and stimulate vaccination campaigns and track the virus. It has not gone away!

The EPU has seven directors coming from six countries. We are a coordinating body comprising 19 national polio groups from 17 countries; in April 2025, the Board of Directors approved the admission of a new EPU member organisation – the Spanish Federation of Polio Associations (Federación de Entidades de Polio y Síndrome de Polio de España). Each member organisation pays an annual subscription based on the membership of the national organisation. Our thanks to these contributors for their timely payments. The organisation would not survive without their support.

The Board has met via Zoom seven times during the period between AGMs in 2024 and 2025.

What are the highlights for 2024? We lost a number of Board members. Paul Neuhaus resigned at the AGM, due to family commitments. He has been replaced by a fellow countryman Daniel Koller. We wish Paul well in his retirement and Daniel well in his work with us. Our Treasurer, Tine Tournicourt, resigned from the Board. Tine, who took care of our relationship with the bank, is missed. Our President, David Mitchell, resigned recently due to ill health. David, who has been our

President since 2021, and was a critical member of our team, is sorely missed. He was a very thoughtful, active and incisive contributor to Board meetings. David was presented with an award at an annual graduation ceremony by Lincoln College in October. The special award was in recognition of the number of community-based activities in which David is involved. We wish David well in his treatment, recovery and rehabilitation. We also thank his alma mater, Lincoln College, for their continued support.

In David´s absence I have been parachuted into the role of President by a unanimous decision of Board Directors on April 24, 2025.

The revisions to our Memo & Arts were eventually concluded. This work was spearhead by Macrina Clancy who, with the pro bono aid of solicitors Covington and Burlington, updated the Memo & Arts and brought them into compliance with Belgian law; a great deal of work and research was undertaken in this project.

Our website is subject to continued enhancements. Work on our website is under the guidance of Board member Prof. Michal Haindl. Our newsletter (mentioned previously) is a unique highlight of EPU work. The excellent work here is done by our Secretary, Stefan Grajcar, who edits and co-ordinates the production of the newsletter.

The EPU is in a healthy financial position. We are very careful with our finances and require value for money. I must thank Eurordis and Polio Initiative Europa, e. V., for their financial assistance. We also subscribe to EFNA and EDF. We started off the year with a balance in the bank of 16,697 € and finished the year with a balance of 18,380 €. This included the total costs of the AGM which took place in Budapest.

Our attempts to stimulate interest in the work of the EPU continue. We sent invitation letters to a number of organisations in eastern European countries in September to gain information on polio specific organisations. We are interpreting the low response rate due to the fact that Polio survivors may be represented by a range of neurological organisations in the range of targeted countries.

I finish this report by thanking the many people who have been involved in the EPU; the members of the Board for their contributions and, in particular, our secretary Stefan Grajcar without whose diligent work many aspects of our operations would not be undertaken; our members whose membership contributions makes our work possible; the contributors to our newsletter and many medical specialists who have participated in studies on polio and post-polio syndrome.

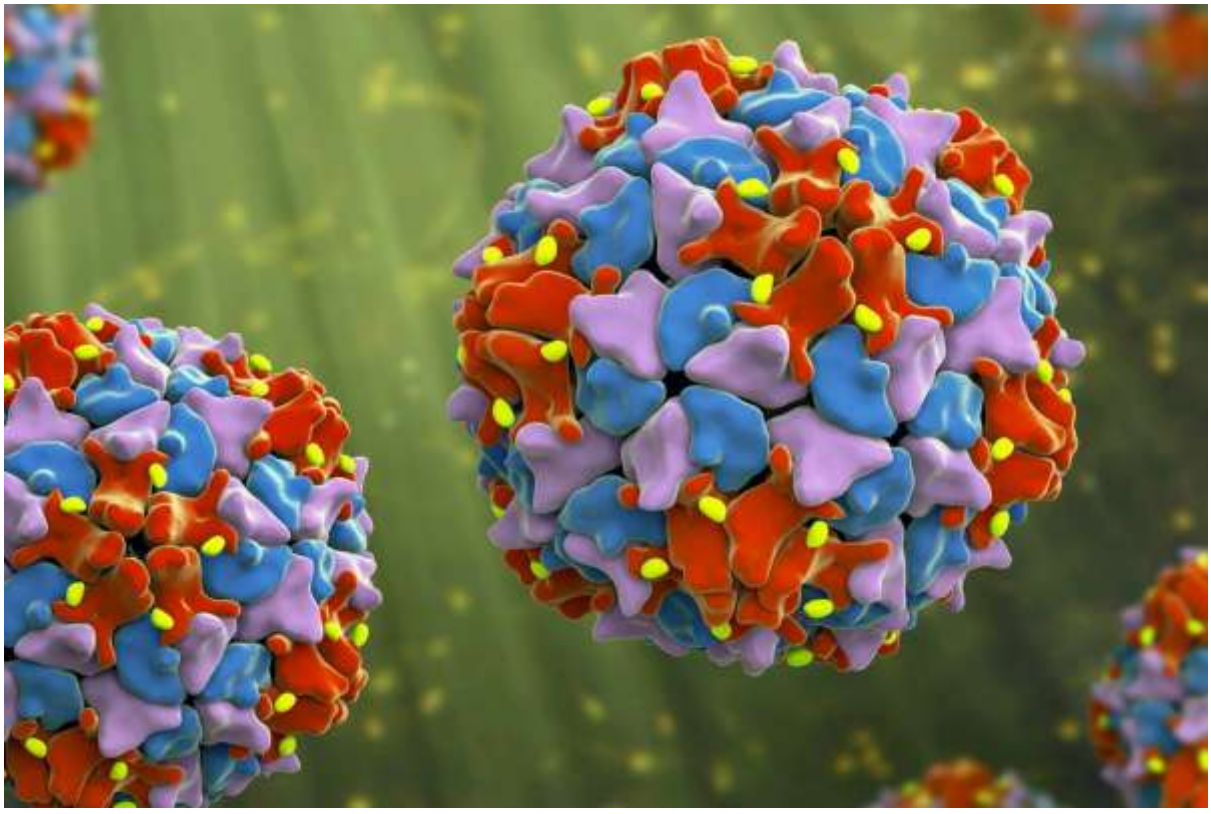
Patrick McGillion
EPU President, on behalf of the Board
Dublin, April 2025

"GRIFOLS PHASE 2/3 TRIAL SHOWS POSITIVE IMPACT OF IMMUNOGLOBULIN THERAPY ON POST-POLIO PATIENTS[1]

- ***Study met primary endpoint, demonstrating a significant improvement in the two-minute walk distance after one year of intravenous immunoglobulin (IVIG) infusions compared to placebo***
- ***Treatment found to be safe and well-tolerated with a safety profile similar to that of IVIG administered for other indications***
- ***Grifols continues applying its deep scientific expertise in IG and other plasma medicines and healthcare solutions to help patients lead better lives***

Barcelona, Spain, March 13, 2025 – Grifols (MCE: GRF, MCE: GRF.P NASDAQ: GRFS), a global healthcare company and leading producer of plasma-derived medicines, today announced positive results from its phase 2/3 clinical trial (NCT02176863) evaluating the efficacy and safety of Grifols intravenous immunoglobulin (IVIG) to treat patients with post-polio syndrome (PPS), demonstrating a significant improvement in distance walked compared to placebo.

This study met its primary endpoint of enhanced physical performance in the two-minute walk distance (2MWD) after the one-year treatment period. Patients who received monthly IVIG infusions of 1g/kg showed a statistically significant improvement in 2MWD versus placebo. The least squares mean 2MWD change from baseline at week 52, after adjusting for differences between groups, was 12.75 meters, equating to a mean improvement of 6.07 meters over placebo.



[1] This is a part of the Grifols press release published on March 13, 2025 – the full text is available here: https://www.grifols.com/es/view-news/-/news/grifols-phase-2-3-trial-shows-positive-impact-of-immunoglobulin-therapy-on-post-polio-patients

The immunomodulatory properties of IVIG – in this case Flebogamma® 5% DIF (immune globulin intravenous [human]) – are believed to have a role in potentially improving this disabling condition.

Patients with PPS are given the 2MWD test as it provides insights into their functional mobility and physical endurance over time, from baseline to the end of treatment. This helps clinicians and researchers understand the impact of interventions on patients' daily lives, especially their ability to perform physical activities and maintain independence.

The clinical trial evaluated whether Flebogamma 5% DIF, dosed at 1g/kg, improved the physical capabilities of PPS patients compared with the placebo group, using changes in the 2MWD from baseline as the primary measure. In the majority (95%) of the 191 participants, the legs were the main part of the body impacted by PPS symptoms.

Treated patients with IVIG 1g/Kg also showed greater numerical endurance as measured by the six-minute walk distance (6MWD). The least squares mean 6MWD change from baseline at week 52, after adjusting for differences between groups, was 29.16 meters, which equates to a mean improvement of 15.8 meters over placebo.

The treatment was found to be safe and well-tolerated with a similar safety profile to that of IVIG administration in other indications.

PPS can emerge decades after an initial polio infection. Symptoms – including chronic fatigue, joint and muscle pain, persistent and progressive muscle weakness and atrophy – typically develop 30 to 40 years after the initial paralytic attack and tend to worsen over time.[2] Muscle deterioration can lead to functional decline and impaired mobility, limiting patient autonomy and significantly impacting quality of life.

Worldwide, an estimated 12-to-20 million polio survivors face the risk of developing PPS symptoms.[3] Between 25% and 40%[4] of them will likely develop the condition later, representing a substantial unaddressed healthcare gap.[5]

PPS remains under researched. There are no medications indicated for the syndrome, and therapies are limited to supportive measures such as orthoses and other assistive devices, as well as symptom management.

"These results show a meaningful physical accomplishment, providing patients with more freedom of movement and the ability to be more self-reliant," said Dr. Jörg Schüttrumpf, Grifols Chief Scientific Innovation Officer. "Grifols is committed to increasing the range of indications of its plasma-derived medicines and other biopharmaceuticals to benefit more patients globally and make a real positive difference in their lives."

"This study is great news since it proves that the ongoing decline in physical functioning due to post-polio syndrome, which was so far considered inevitable, can be halted, and even be improved, said

[2] Post-polio syndrome - Symptoms - NHS

[3] Wolbert JG, Rajnik M, Swinkels HM, et al. Poliomyelitis. [Updated 2024 Oct 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK558944/

[4] Ibid

[5] Li Hi Shing S, Chipika RH, Finegan E, Murray D, Hardiman O and Bede P (2019) Post-polio Syndrome: More Than Just a Lower Motor Neuron Disease. Front. Neurol. 10:773. doi: 10.3389/fneur.2019.00773

Dr. Frans Nollet, of the Department of Rehabilitation Medicine of the Academic Medical Center, University of Amsterdam, and one of the study's principal investigators. "That is positive for all polio survivors, who are confronted with increasing disabilities as they age and for whom no effective medication was yet available."

About Flebogamma® 5% DIF

Flebogamma® 5% DIF is an immune globulin intravenous (human) solution indicated in adults and pediatric patients 2 years of age and older for the treatment of primary immunodeficiency (PIDD), including the humoral immune defects in common variable immunodeficiency, x-linked agammaglobulinemia, severe combined immunodeficiency and Wiskott-Aldrich syndrome."

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The very next day after GRIFOLS issued the above press release, John McFarlane, President of the EPU in the period 2011-2017 and also the EPU Honorary Member, responded to it with the following words:

"*A brighter future for PPS patients is just over the Horizon*

Over the years that has been many attempts at finding a treatment for Post-Polio Syndrome Advocacy Group, to date all the fails. The last one which was tried in Scandinavia involved immunoglobulins and it was suspended after some years on the altar of cost. At the end of the last Post-Polio Syndrome Conference that was held in Amsterdam in 2014 there was a meeting between leading researchers in the area and the Spanish pharmaceutical firm Griffols. On the medical side, one of the leading researchers was Professor Frans NOLLET from the University of Amsterdam who is A leading authority on the treatment and diagnosis of PPS.

You will find attached to this email a press release from Grifols That announces immunoglobulins are effective in the treatment of PPS and may even halt or at leat slow PPS progress in those affected. For people of my generation who have already developed PPS the announcement in this release is probably too late, but for the generation that follows us, and remembering that there are 15 to 2o million other people in the world as polio survivors it holds hope and the prospect of a brighter future once all the regulatory hurdles have been crossed. Currently the treatment is an infusion, in other words it comes they drip that has to be absorbed into the body, but I am sure work to make it an easier way to deliver is in the pipeline.

As I say in the header of this email, it does build a brighter future for those who follow us and thanks must be given to all of those who contributed to the success of this study which actually evolved in a coming together in 2014, and with the work that went on before it, it has taken years to get this far and there are still obstacles to be overcome but it's a start!"

John R McFarlane, EPU Honorary Member

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Prof. Frans Nollet, who participated in the published Grifols study, has been awarded the EPU Honorary Membership in since. I have known him since 2012 as a steadfast supporter of polio survivors dedicated to diagnosing and treatment of the PPS for decades at the Rehabilitation Clinic of the University Hospital in Amsterdam. With his name and reputation, he adds credibility to the

report presented above, and we can only hope that some of us will have access to immunoglobulin treatment within the next (ten?) years.

… I think that such a simple test, which is mentioned in the above-cited clinical study, could easily be done by ourselves regularly, once a month (once a week?), if we are still able to walk. We just need to find a suitable space where someone can help us measure the distance we are able to walk in two minutes, or for some of us in six minutes (of course, we can choose any time period but we should keep it for all our attempts). The measured values (in meters) could be an indicator of our current health status. I'm just afraid that without the immunoglobulin treatment, our values will go down, down, down... But there's no need to be very pessimistic, dear friends, when this medicine arrives, we'll be prepared!

Stefan Grajcar
Slovak Polio Association

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Final note: As was mentioned by Paul McClure in the NEW ATLAS on March 15, 2025, the trial results had not yet been peer-reviewed or published in a scientific journal.

RESULTS OF A STUDY OF THE ADMINISTRATION OF IMMUNOGLOBULIN TO PATIENTS AFTER POLIO

Four years ago, we polio survivors – still living with the long-term effects of the disease - were invited to participate in a double-blind pharmaceutical study conducted by Grifols. The study involved the monthly intravenous administration of 5% Flebogamma DIF immunoglobulin (IVIG) at a dosage of 1 g/kg for one year.

Immunoglobulin therapy is typically prescribed for adults and children over the age of two to treat primary immunodeficiency. It is a very costly treatment and generally enhances resistance to common infections.

This study represented a rare and significant effort to explore treatment options for post-polio syndrome, an area that has long been neglected in medical research. Grifols succeeded in enrolling 191 polio survivors from across Europe, 95% of whom had lower limb impairments. Half of the participants received immunoglobulin, while the other half received a placebo.

The study concluded in March this year, with results showing a modest but measurable improvement in mobility. In a two-minute walking test at week 52, participants who received immunoglobulin walked an average of 12.75 meters, which was 6.07 meters farther than those in the placebo group. In a six-minute walking test conducted at the end of treatment, the immunoglobulin group walked an average of 29.16 meters farther than at the beginning of the study—an average improvement of 15.8 meters.

According to the study, the treatment was safe and well tolerated, with a safety profile similar to that of IVIG in other approved uses. Potential risks of immunoglobulin therapy include venous or arterial thrombosis, kidney failure, restricted mobility, and cardiovascular complications. However,

despite the high dosage and prolonged treatment period, particularly for an older patient population, no adverse effects were reported.

In summary, the study results are modestly positive. However, it is important to note that the research was conducted by the manufacturer and involved a relatively small sample size.

Michal Haindl, EPU Board Director
Asociace polio, Czechia

PROBLEMS SURROUNDING THE GLOBAL POLIO VACCINATION

Recurrent epidemics of polio caused by polioviruses were a threat to humanity until the production of vaccines. The first successful vaccine came from Salk (killed virus) and the second from Sabin (attenuated virus). The nationwide vaccination with Sabin's vaccine in 1960 in this country was the first perfectly documented national eradication of polioviruses in the world. This event indicated that the fight against DPO could be completely won and epidemics could be stopped forever because humans were the only reservoir for virus replication, viruses did not have long-term carriers, did not persist too long in the environment, and effective vaccines were available. In 1988, a global vaccination campaign was launched, originally initiated by Rotary International and later championed by the World Health Organization (WHO). The ambition of the organisers of the event (WHO, Global Polio Eradication Initiative) was to eliminate polioviruses worldwide, which would mean huge savings as vaccination would no longer be necessary. Today, the vast majority of the world's countries are already free of new cases of the disease, but this is not enough to fulfil the ultimate dream of this yet unfinished action. It is not yet clear when this costly battle can be declared won, as local conditions in some countries and other complications make it difficult to achieve sufficient vaccination coverage. However, despite its undeniable benefits, this action has had several unexpected consequences that have had rather negative effects.

It is not surprising that the global elimination of polioviruses was followed with great interest from the very beginning, as it was the second attempt at such a large-scale and financially very demanding activity, whose return was awaited with great anticipation. The first action, the one already completed, aimed at the elimination of smallpox, highlighted some problems in completing the elimination. In fact, at the end, all laboratory and collection clones of the relevant viruses and their derivatives had to be withdrawn in order to reduce the risk of leakage into the public space from which the viruses had been removed by vaccination. It was envisaged to withdraw them to two super-secure, highly guarded and internationally controlled collections (in the USA and Russia) for further use. (This measure will probably have to be corrected in the context of the withdrawal of the USA from the WHO). However, the withdrawal to repositories turned out to be a weakness of the whole process anyway, as several collection clones went unnoticed and later became an unintentional source of uncontrolled release into the environment. Fortunately, this leakage, thanks to timely intervention, did not proceed to spread the disease again. The first WHO vaccination campaign, in which the Czech epidemiologist Karel Raška made a significant contribution, lasted for about 17 years (until 1980) and played a role of a template. The elimination of these viruses proved to be a much easier problem than the elimination of polioviruses, which is still incomplete after more

than thirty years. The originally planned date for the second poliovirus action has not been met and the upcoming alternative date of 2026 also now seems unrealistic, as cases of paralytic manifestations are still emerging and experience to date shows that more than two years of maintenance are likely to be needed to confirm definitive elimination of the viruses.

What are the main reasons for the increased difficulty in eliminating polioviruses? The first set of obstacles is political. In Africa and Asia, for example, there have been a number of areas where wartime unrest has severely disrupted the progress of vaccination campaigns, and in some countries governments have even temporarily prevented vaccination from taking place. The second set of problems was related to the mass deaths of volunteer vaccinators, not only as a result of military conflicts in some countries, but mainly due to the covid 19 pandemic. For these reasons, poliovirus vaccination campaigns were even halted for a period of time. The third group of difficulties is related to funding. Costs increase as the action is extended against the original plan. The estimated total cost of a one-year global vaccination campaign is about USD 1.5 billion. Funding at the outset was heavily subsidised by Rotarians and more recently mainly by the foundation of the multi-billionaire Gates family. Currently, the financial difficulties are likely to increase as a result of Trump's decision to have the US withdraw from the WHO. The fourth group of technical difficulties gradually emerged during the event and is worth discussing in more detail. For the sake of simplicity, it will be best to first stay with the originally intended goal of stopping vaccination and thus start saving vaccine costs globally each year, and only then consider compromise solutions if this goal seems as difficult to be achieved.

Technical difficulties in completing the elimination of polioviruses from the human-environment circulation: The root cause of these problems must be sought in the history of poliomyelitis vaccination with two basic types of vaccines that have been available almost simultaneously since the beginning. The first vaccine to be approved was that of Salk (1955), which was based on the immunizing effects of killed wild-type viruses of three types (WPV1 to 3) that can cause the paralytic form of DPO, itself an aggravating circumstance compared with infections caused by a single virus type. This mixed vaccine is administered by injection and is less effective than the Sabin vaccination, containing attenuated viruses, again of three types, which are not capable of damaging neurons but are capable of immunizing vaccinees, multiplying, being released into the environment from vaccinees, and still infecting other individuals and immunizing but not harming, etc. Sabin's more effective vaccine, applied more conveniently with a spoon, prevailed soon after approval (1960) due to its cheapness, effectiveness, and ease of application, and was used preferentially for most of the time for polio eradication, until it became apparent that it might also harbor harmful effects. It was a source of attenuated types of viral particles that not only escaped into the environment but also mutated further. In most cases the mutants caused only mild disease, but rarely clones were produced that showed effects comparable to the wild strains (WPV1, WPV2 or WPV3) and this was the problem that became most serious for the final phase of elimination. These viruses may have further served as sources for the delayed emergence of dangerous mutants and prolonged the safety waiting period before the official announcement of the end of elimination. Further prolongation could have been caused by the presence of immunodeficient vaccine participants, who could have served as reservoirs for e.g. multi-year production of potentially dangerous vaccine viruses. These findings led to a synchronized transition from the Sabin vaccine to the improved Salk vaccine, which, although it also has some disadvantages, does not have the problem of vaccine strains. However, even this switch to a killed virus vaccine is not entirely ideal, because the vaccine, while immunizing, does not completely prevent the multiplication of polioviruses and their derivatives, including, for example, potentially dangerous vaccine viruses and their dangerous derivatives, in the intestinal cells of people immunized by vaccination. The transition between vaccines, of course, does not address

the very serious final problem of inadvertent non-removal of viruses from laboratories and collections, or even deliberate clandestine retention of viruses that can be misused later as biological weapons against non-immunized populations. It is even plausible that an adult population could be susceptible to polioviruses after prolonged exposure to a poliovirus-free environment from infancy, because they would not be naturally immunized with small doses of viruses in the environment, so they could remain susceptible identically to children.

When the poliovirus threat can actually be declared eliminated, or everything is different. The distrust of some and the malice of others that prevails in the human population are actually the biggest complication to ending global virus elimination as originally intended by ending vaccination. The distrust is exacerbated by various alarmist messages on the Internet. Even the conventional media are being leaked with reports about the possibility of preparing particularly dangerous biological weapons using genetic engineering methods. It is therefore to be expected that, in the context of the global elimination of polioviruses, there will also be new considerations for the completion of the action, which will be made even more complicated by the fact that a greater number of factors must be removed and brought under control, which would be sufficient to trigger a new wave of DPOs. It is not only the three types of wild polioviruses (WPV1-3) as a direct threat, but also vaccine-attenuated viruses as a potential threat, a number of their derivatives that have reversed their effect towards wildness through mutation, etc. However, before starting the final discussion, I must add at least one more important piece of information from the fields of molecular biology and genetic engineering. Many years before the global eradication of polioviruses, the molecular virology of picornaviruses was so advanced that Racaniello V.R. and Baltimotre D. published a paper in Science (214(4523): 916-9, 1981) in which they described a procedure to ensure the production of infectious viral particles in mammalian cells based on knowledge of the genetic information of the poliovirus written in viral (+)RNA. Their procedure was later sufficiently refined. Today, all polioviruses and dangerous mutants derived from them, including attenuated vaccine strains and their derivatives, may well be eliminated, as well as all molecules carrying that dreaded information, and yet those dangerous sources of infection will remain with us until we eradicate those authors or their followers. I even think some of my diplomats could do it under the right circumstances and with the right equipment. So it is futile to fool around with eradication, the poliovirus will simply stay with us, paradoxically even if it is completely removed from the world. It is enough to know the genetic information of one type of poliovirus, probably WPV1, and then it depends only on the strength of our human ethics, or whether we suddenly go mad and commit the crimes whose brethren our overpopulated world is full of. This is the only way to prevent the virus from becoming a biological weapon, which for example can easily spread through water or in the capillaries of the stabilisation medium, because under these conditions the poliovirus can be infectious for many months. Kind of a sad thought in an overpopulated world where we hear or even see horror stories almost daily about the poor victims of madmen who were not known to be capable of such a thing.

The optimistic conclusion will hopefully allay fears of malice, negligence or other problems. In the era of global vaccination (1988-2024), long-standing fears of polio epidemics have been reduced to a minimum. Of the original 350,000 or so cases per year, 99.9% have been reduced. It is estimated that vaccination has saved 20 million people from permanent disability. The wild polioviruses WPV2 and 3 have been declared eradicated. WPV1 probably survives only in the collections of some laboratories and in two countries. Complications are still caused by paralytic polioviruses derived from vaccine-attenuated poliovirus type 2. Only a relatively small area is now considered at risk. The largest humanitarian crises currently remain in the Gaza Strip in particular, as well as in Afghanistan, the

Democratic Republic of Congo, Sudan, Yemen, and continued insecurity also remains in Nigeria and Somalia. Difficulties in servicing some communities are still looming in Pakistan. Eradication is still not complete but is, as it has been several times, very advanced. In 2024, the leadership of the event organisers realised that they would not meet the 2022-2026 eradication deadline and therefore requested an extension until the end of 2027 for WPV1 eradication and until 2029 for vaccinia poliovirus type 2 mutation-derived viruses. This request was accepted the same year and the financial costs were adjusted accordingly. So this report could also be considered favourable because the problem was recognised and remedied in a timely manner. However, it is somewhat irritating to find that in explaining the delays and suggestions for improvement, there is no mention of measures to eliminate, or at least blunt, the problems that might be associated with the reappearance of viruses that have already been eliminated. In addition, I miss the discussion of measures related to the reports from, for example, the USA and the UK, that cases of paralysis have belatedly begun to appear there long after complete elimination of the viruses has been achieved, perhaps revealing a decline in vaccination coverage below a tolerable level, a situation that may soon be seen, for example, in some European countries where polio vaccination has been optional for some time and where, like us, interest in vaccination is declining as a result of the advanced elimination of polioviruses. Global poliovirus eradication in its current state of incompleteness is a significant, albeit costly, achievement for the health sector. Completion of the action is very difficult and it is not possible to predict clearly whether or when it will be completed and at what cost. The GPEI has recently approved an extension of the action until 2029; however, the likelihood that the project will not be completed even by that date is significant. If the action were completed to the stage of removing all wild viruses and all their and potentially dangerous derivatives that could trigger further waves of infection directly, or after a stage of natural mutagenesis, the world would reach a relatively stable state where vaccination could be stopped and any resumption of continued infection would likely start relatively slowly under these conditions, leaving more time for improvised defence. This offers the hope of a solution closer to the original dream.

The most likely disruptions to this state of affairs could be the rediscovery of an infectious factor that escaped attention during virus recall from collections and laboratories, a sample deliberately hidden, or a poliovirus artificially produced de novo based on a known sequence. What procedures are in place to prevent such a new wave of infections from starting? The first option is prevention in the form of continued vaccination, but this is a very costly route. The second strategy is based only on the production of a small quantity of emergency vaccine, or on prolonged storage of previously produced vaccine awaiting a rapid local conquest of a particular episode. In certain circumstances, vaccination could be supplemented or replaced by the action of a mixture of antiviral agents already described for the picornavirus family to which polioviruses belong. The derivation of new antiviral variants with better properties could also be envisaged. The advantage of this type of defence is that it not only takes into account the possibility of rediscovering polioviruses that have supposedly already been eliminated, but also has much lower costs spread over time according to the emergence of specific problems. This would achieve a goal close to the original projected financial effect after the vaccination campaign has been stopped completely. Understandably, the competing proposals need to be elaborated in more detail and the best proposal selected.

Vladimír Vondrejs
Asociace polio, Czechia

Note: From the Czech original translated by Depl.com and finalized by S. Grajcar

‘POLIO CAUSED ME A LOT OF MISERY, BUT ALSO WILLPOWER’

When Johan Bijttebier (75) started suffering from muscle deficiency in his right leg again around age 40, he was quick to link it to a polio infection from his early childhood. However, the medical community was puzzled. Today, <post-polio syndrome (PPS) is a recognised condition, although the exact cause remains shrouded in mists and there is still no prospect of a treatment. ´The ex-polio patients are gradually dying out, but I remain hopeful of a medical breakthrough. People with other muscle diseases are also sure to find benefits.´

Johan, son of a general practitioner in Kontich, became infected with polio when he was barely two years old. The exact source of the infection has never been clarified. ´We are talking about the early 1950s, when there was no talk of vaccination. Regular polio epidemics broke out, causing panic among young parents. The government intervened by sealing off certain areas of infection. I myself spent a year in a Brussels hospital, but I don't remember anything about it. Like many, I kept a residual injury, in my case to my right leg. I spent my whole childhood in intensive physiotherapy. I looked up to those sessions, up to three times a week. Looking back, they did teach me wisdom and perseverance. You see this in many former polio patients: by learning to overcome difficulties in their youth, they often succeed in life later on.´

Internet offers solution

During Johan's law studies, those symptoms had all but disappeared. He started a family and built a successful practice as a lawyer at the Antwerp Bar, specialising in family, juvenile and criminal law. Around the age of 40, however, difficulties arose again. 'I loved walking, and noticed that walking became more difficult. Mountain walks were no longer possible. The muscle mass in my affected leg began to shrink, which caused persistent pain. The neurologist I consulted dismissed my complaints as the consequences of a hernia. However, I felt that there was a link with my past as a polio patient. Thanks to the emerging internet, I gained access to recent medical information and was able to make contact with fellow sufferers. In the United States and Scandinavia, post-polio syndrome had already been recognized in the early 1980s.'

Johan decided to set up a working group, which would grow into the Postpolio group. This 'self-help group' was created to look after the needs and interests of post-polio patients and to stimulate the exchange of experiences. 'In the beginning we also made a lot of efforts to put the condition on the medical map.'

Post-polio syndrome has now been recognized as a neurological disorder. Even up to forty years after the initial acute illness, former polio patients may experience new symptoms such as decreased muscle strength and endurance, severe fatigue, and muscle and joint pain. Some patients also report cold intolerance (where their muscles weaken more quickly when exposed to cold), sleep problems, and swallowing or breathing difficulties.

Overloaded nerve cells

The exact cause of PPS is not fully known. One hypothesis links it to an overload of the remaining nerve cells that continue to control the damaged muscles. Over time, these cells can work less

efficiently or die, which would lead to the symptoms of PPS. 'In that case, additional intensive physiotherapy is therefore detrimental', concludes Jchan. 'We should then look more at 'energy-saving' techniques such as adapting your daily activities to reduce fatigue. Aids such as crutches, walking sticks or wheelchairs also come into the picture. Pain relief can be done with medication, massage or other methods. It is also important to maintain your social contacts. That is why we organize discussion groups in every province, where people with the same condition can find each other.'

Johan is also the founder of the European Polio Union (EPU), a European umbrella organisation for national organisations that provide support to people who have had polio and to people who are currently dealing with post-polio syndrome. ´We found that in some European countries the knowledge and support regarding PPS was better than in other countries. We wanted to eliminate these differences. Denmark in particular has always been a frontrunner in the polio story. In 1952 a major epidemic broke out in Copenhagen, affecting many children from the upper middle class. The Danish doctor Henrik Ibsen launched a groundbreaking method of manually ventilating patients with respiratory problems, which led to the development of modern ventilators. During the epidemic a large number of medical students and nurses were mobilised to help with the manual ventilation of patients. Denmark also invested heavily in the rehabilitation of polio sufferers. In countries such as Ireland or in Southern Europe things were often very different. There, families affected by polio were often "branded". The children were then hidden away in monasteries or institutions. Fortunately, that time is now behind us, although there are still regional differences in the care of PPS sufferers.´

Last of the Mohicans

Up to 70% of polio patients suffer to a greater or lesser extent from residual lesions or PPS. In Belgium, this would be around 10,000 people, while estimates for Europe range from 500 to 600,000. A large-scale study in the United States put the figure at 700,000. ´We are quietly becoming the last of the Mohicans,´ smiles Johan. ´Our youngest members are already in their sixties. In the Western world - fortunately - there are no more polio cases. Sometimes, though, there are still adopted children or refugees from outside Europe where the problem arises´

Despite the slow progress, Johan continues to have great faith in basic medical research. ´I may not live to see it, but I continue to believe in and treatment. The research will certainly also help people with other muscle diseases. The knot lies – as it always does – with funding. There is clearly less funding than for research into heart disease, cancer or diseases like Alzheimer's. Perhaps muscles are considered merely 'the mechanics' of the body, and therefore of minor importance?

Where Rotary and the polio community meet is certainly the borderline belief in vaccinations. ´That is indeed the only way to eradicate the disease once and for all. We have come a long way, but we still have a way to go. To paraphrase Churchill: ´*We shall vaccinate on the beaches, we shall vaccinate on the landing grounds, we shall vaccinate in the fields and in the streets, we shall vaccinate in the hills; we shall never surrender.*´

Steven Vermeylen

More information: www.postpolio.be

Published in the EPU Newsletter with a kind permission of the interviewee, Johan Bijttebier, Honorary President of the European Polio Union.

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A CRITICAL MOMENT FOR GLOBAL PUBLIC HEALTH: POLIO ERADICATION AT THE 2025 WORLD HEALTH ASSEMBLY

Global public health at a crossroads

23/05/2025

Seventy-eighth World Health Assembly, 19 May – 27 May 2025 © WHO/Pierre Albouy

Against a backdrop of shifting geopolitical dynamics, economic uncertainty and ongoing humanitarian emergencies, global public health is undergoing upheaval. As delegates gathered in Geneva this week for the 2025 World Health Assembly (WHA), the urgency of sustaining momentum in disease eradication efforts was clear. Among the many pressing issues discussed, polio eradication remained a top priority.

Member State remarks and Rotary International's call to action

During the Assembly, Member States reaffirmed their full support for achieving and sustaining a polio-free world, acknowledging WHO and its partners' efforts to see the job done. Voicing concern about ongoing variant outbreaks and the need for interruption of wild poliovirus transmission in Afghanistan and Pakistan, Member States called for continued resourcing to the effort, and smart integration of polio functions within broader public health services. Other key themes were

strengthened routine immunization – including with inactivated polio vaccine – through coordination with GAVI, and the needs for strong oral polio vaccine cessation planning and the safe and secure containment of polioviruses in research and vaccine manufacturing facilities.

As discussions unfolded, Rotary International – a founding partner of the Global Polio Eradication Initiative – highlighted the urgent need for sustained political and financial support to ensure the final push toward eradication. Judith Diment MBE, Chair of Rotary International's Polio Eradication Advocacy Committee, confirmed Rotary's ongoing commitment and urged WHO Member States to remain "resourceful, resilient, and resolved" to see eradication achieved, stressing the dangers of faltering at this stage of the game.

WHO African Region: Progress and ongoing challenges in the Lake Chad Basin

Encouragingly, circulating variant polioviruses – which predominantly affect the African continent – continue to show a downward trend. In 2024, 312 cases were recorded globally, compared to 529 in 2023. This year, 52 cases have been reported to date.

In the WHO African Region, efforts to stop the spread of variant polioviruses have intensified. In the first quarter of 2025 alone, ten African countries have conducted vaccination rounds, protecting nearly 54 million children with at least one dose of polio vaccine.

The welcome appointment of Professor Mohamed Yakub Janabi as the new WHO Regional Director for Africa promises renewed leadership to the region's fight against polio.

A major milestone was celebrated during the Assembly: the successful closure of the variant poliovirus type 1 outbreak in Madagascar. This achievement reflects the unwavering commitment of African governments, health workers, communities, and GPEI partners in stopping the virus and protecting children across the region.

However, significant challenges remain in the Lake Chad Basin, one of the sub-regions most affected by the circulation of variant poliovirus type 2. A combination of operational challenges, insecurity, inaccessibility, and climate-related disruptions allows the virus to thrive among under-immunized populations. Cross-border population movements through porous borders further complicate eradication efforts, necessitating a robust, urgent, and coordinated response among affected countries to ensure every child is reached with polio vaccine.

WHO Eastern Mediterranean Region: The endemic frontline, Gaza, and Horn of Africa

Meanwhile, in the WHO Eastern Mediterranean Region, Afghanistan and Pakistan remain the last strongholds of wild poliovirus. Data for 2024 shows an increase in wild poliovirus cases in both countries, with Pakistan reporting 74 cases, and Afghanistan 25, compared to 6 cases per country in 2023.

While renewed and strengthened operational approaches to urgently reverse this trend are already having an impact, the situation remains fragile. This year presents a critical opportunity to capitalize on progress and finally end transmission.

Gaza, occupied Palestinian territory, was a key focus at the Assembly as Member States underscored the imperative to ensure aid, including vaccinations, be allowed to enter. No further cases have been reported since 2024, but the risk of resurgence remains high. WHO, alongside its partners, was commended on efforts to negotiate a humanitarian pause for a vaccination campaign that reached more than 560,000 children – a critical public health intervention delivered under extraordinarily

difficult conditions. WHO reinforced the call for an immediate ceasefire and unimpeded flow of humanitarian aid at scale to protect children's health and ensure every eligible child is reached. With its partners, WHO remains on standby to support additional rounds as soon as access can be secured.

Momentum to end the ongoing variant poliovirus transmission in the Horn of Africa reached an all-time high with health ministers from Djibouti, Ethiopia, Kenya, Somalia, South Sudan, and Yemen meeting with GPEI partners to renew their promise to end the protracted polio outbreaks in the region.

Polio transition planning and post-certification strategy

At the Assembly, Member States discussed ensuring the long-term sustainability of public health infrastructure and assets, including integrating critical polio eradication functions into national health systems as part of the transition process. In the context of reduced funding for global health, transition planning is more vital than ever to ensure that valuable polio knowledge, assets, and infrastructure are retained and repurposed in polio-free countries to build strong, resilient, and equitable health systems. In this context, countries also discussed updating the strategy for sustaining a post-polio world.

Polio eradication highlighted at WHA side events

Polio eradication was also featured in a WHA side event on outbreaks, where global health leaders discussed the broader challenges of disease resurgence, including measles and cholera. The event emphasized the need for investments, innovations and integration to strengthen surveillance, improve vaccine coverage, and prevent outbreaks. Speakers highlighted the role of routine immunization, cross-sector partnerships, and innovative techniques – including wastewater monitoring and digital disease modeling for surveillance and the use of electronic registries for immunization in low-resource settings – as critical tools in controlling preventable diseases.

Other side events also highlighted the importance of integration and sustained political commitment. A high-level session on defeating malaria, meningitis and polio through integrated solutions showcased how joint campaigns are reaching children in fragile settings. Meanwhile, the first in-person meeting of the Polio Legacy Challenge, sponsored by Qatar, Saudi Arabia and the UAE, demonstrated strong regional solidarity and a shared vision to support health systems and polio eradication in Afghanistan.

Recognizing leadership in public health

A highlight of this year's Assembly was the awarding of WHO's Dr. Lee Jong-wook Memorial Public Health Prize to Professor Helen Rees of South Africa, for her outstanding contributions to public health. Professor Rees, a globally recognized expert in infectious diseases and vaccine policy, and chair of the International Health Regulations Emergency Committee, was honored for her decades of leadership in immunization and disease prevention.

Looking forward: Ensuring resilient funding to achieve eradication

As the WHA concludes, the world stands at a crossroads – sustained commitment and strategic investments are essential to ensure polio eradication becomes a reality. At the Assembly, stakeholders were urged to consider innovative financing approaches, through debt swaps, catalytic investments, or integrating polio into broader health financing instruments. This will allow for a

more diverse, resilient funding base, critical to sustaining operations in the final mile, while improving children's overall immunity and ensuring health systems in developing countries remain strong.

As this decisive moment in public health unfolds, one truth remains unwavering: polio eradication can and must be achieved. The GPEI and its partners reaffirmed their dedication to delivering a world free of polio – a global public good from which all nations will benefit equally. But this final stretch requires resilience, vigilance, and the collective will to see the mission through. Now is the time to stay the course, ensuring that no child, anywhere, is left vulnerable to this preventable disease.

Source: https://polioeradication.org/news/a-critical-moment-for-global-public-health-polio-eradication-at-the-2025-world-health-assembly/

For more information from the Global Polio Eradication Initiative visit: https://polioeradication.org/

May 2025

FIVE-YEAR ERNS EVALUATION REPORT: ACTIONS FOR IMPROVEMENT

This EURORDIS–Rare Diseases Europe paper sets out the key findings and follow-up actions from the first formal evaluation of the European Reference Networks (ERNs), conducted five years after their launch. Based on the Independent Evaluation Body's final report, it confirms that the ERN ecosystem is functioning well overall – enhancing knowledge exchange, raising visibility of rare and complex conditions, and supporting collaboration across borders.

However, the evaluation also reveals critical areas where improvements are needed for ERNs to reach their full potential. This paper outlines targeted actions in five domains: formalising and implementing patient partnership; diversifying funding sources and reviewing the funding model; supporting the integration of ERNs into national health systems; measuring clinical outcomes and performance, rather than outputs alone; and establishing a robust system for continuous quality improvement.

The actions proposed include formal recognition of patient representatives, improved tools for assessing impact, sustainable and proportionate funding mechanisms, and closer alignment with Member States' healthcare structures. Together, these measures aim to ensure the long-term sustainability, inclusiveness and effectiveness of the ERN system.

This report provides strategic guidance to policy-makers, healthcare providers and patient advocates working to advance rare disease care across Europe.

Downloads: **Five-Years ERNs Evaluation Report: Actions for Improvement**

For more information from Eurordis visit https://www.eurordis.org/

EDF AND THE GLOBAL DISABILITY SUMMIT 2025: THAT'S A WRAP (FOR NOW)!

23.04.2025 / EDF / International cooperation

From April 2–3, Berlin became the global center for disability rights as the third Global Disability Summit (GDS) 2025 convened over 4,500 participants from more than 100 countries, including representatives from the European Disability Forum (EDF).

Co-hosted by the International Disability Alliance (IDA), the Government of Germany, and the Government of Jordan, the Summit marked a pivotal moment for advancing disability rights and promoting disability-inclusive international cooperation and humanitarian action.

One of the key outcomes of the GDS was the "Amman-Berlin Declaration on Global Disability Inclusion," now endorsed by more than 90 stakeholders. In addition, the Summit generated over 800 new commitments from governments, development agencies, and civil society, reaffirming a collective drive to uphold and advance the rights of persons with disabilities worldwide.

What happened at GDS2025: Highlights

Regional Pre-Summits

In the lead-up to GDS2025, a series of Regional Pre-Summits helped shape the agenda and set priorities for the global gathering. From Nairobi to Bangkok, Amman to Rio de Janeiro, these events mobilised commitments and brought forward diverse regional perspectives on disability-inclusive international cooperation and humanitarian action. EDF co-hosted the European Regional Disability Summit in Berlin in December 2024. Outcome documents from all regions are available on the GDS2025 website.

Civil Society Forum (CSF)

Held just before the Summit, the CSF gave space for the disability community, especially Organisations of Persons with Disabilities (OPDs) to align priorities and amplify their voice on inclusive international cooperation.EDF was a part of the Civil Society Reference Group, who helped organise this year's CSF. The Forum culminated in the adoption of the Civil Society Declaration. You can watch the recording of the event on the GDS2025 webpage.

Main GDS2025 Sessions

The two-day Summit opened with key messages from global leaders and disability advocates.

EDF Executive Committee Member Nadia Hadad represented the European Regional Disability Summit, delivering a powerful call to action:

If we believe in meaningful participation, we must prove it, not just in policy documents, but in action. Not just within Europe, but globally. GDS2025 is our moment to move from promises to progress. An inclusive world doesn't happen by chance it happens by choice.

Other notable speakers on Day 1 included:

- **King Abdullah II of Jordan**: Called for stronger global protection for persons with disabilities, especially in conflict zones.
- **Charlotte Young, IDA Youth Ambassador**: Presented the Youth Call to Action.

Day 2 explored a wide range of issues from financing inclusion to building an accessible digital future. A key session on *Disability-Inclusive Practices for Disasters and Conflicts* highlighted how persons with disabilities are disproportionately impacted by crises. Speakers stressed the urgency of inclusive responses in active conflict zones, including Gaza, Ukraine, and Sudan.

Hans Das, Deputy Director-General at the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations, joined the humanitarian action panel. He emphasised the European Union's (EU's) role as one of the world's largest humanitarian donors and the need to prioritise disability inclusion in all funding. He also underscored the importance of partnering with OPDs, like EDF, to ensure inclusive practices are embedded across EU humanitarian work.

You can watch the recording of the main sessions on the GDS2025 webpage.

Side Events, Networking & Booths

Beyond the main sessions, GDS2025 offered spaces to learn more and connect.

EDF International Cooperation Manager, **Marion Steff**, participated in a panel on advancing disability-inclusive development through intensified parliamentary engagement and parliamentary networks. Marion discussed the importance of the Disability Intergroup, a key ally in advocating for and advancing the rights of persons with disabilities across Europe through the European Parliament.

Another side event included the development of accessibility in Ukraine. Organised by the United Nations Development Programme (UNDP), the event brought together international organisations, representatives of the Ukrainian authorities and OPDs. **Uliana Pcholkina**, League of the Strong (EDF member) Chairwoman, participated in the event and emphasised the importance of meaningful participation of people with disabilities in all reforms in the country.

Information booths hosted by OPDs like the Blind Youth Association of Nepal, and global partners like the Global Disability Fund also gave attendees a chance to exchange ideas and build partnerships. Fireside chats and evening gatherings kept the momentum going.

Why GDS matters: Our reflections

EDF played an active role throughout the GDS2025 journey. Our contributions ran deep and took many forms:

- **Launched an online survey** to gather input from organisations of persons with disabilities (OPDs) and persons with disabilities on the most urgent priorities for international cooperation and humanitarian action.
- **Developed and shared toolkits** to support OPDs' advocacy and engagement.

- **Hosted virtual meetings** that built momentum across Europe and Central Asia.
- **Advocated for EU-level commitments** to GDS2025, including prioritising disability-inclusion in EU funding, developing Disability Action Plan for EU External Action and ensuring meaningful participation of Organisations of Persons with Disabilities (OPDs).

As this chapter closes, it feels less like an ending and more like the beginning of a new phase, because the work continues.

GDS2025 was never just a two-day event. It is part of a growing global movement to uphold the rights of persons with disabilities and push for inclusive development and humanitarian action. It offers a platform, but also a mechanism, to keep this work going. Now comes the harder part: turning those promises into practice. Across all sectors, governments, international organisations, private companies, and civil society, including here in Europe, we must do better. Inclusion must be more than a value we express; it must be a standard we deliver.

GDS2025 gave us the space to organise and learn. Now we act.

What's next: GDS2025 outcomes

1. The Amman-Berlin Declaration

One of the outcomes of GDS2025 was the launch of the *Amman-Berlin Declaration on Global Disability Inclusion*. The Declaration includes two key targets related to international development cooperation:

- **Inclusive by Design:** All international development programmes should actively promote inclusion and non-discrimination, making a positive contribution to equality and doing no harm.
- **"15 for 15" Target:** At least 15 percent of country-level international development programmes should explicitly pursue disability inclusion as a core objective—reflecting the estimated 15 percent of the global population with disabilities.

The European Commission, the Council of Europe Development Bank, the European Bank for Reconstruction and Development, and the European Investment Bank along with several European countries endorsed the Declaration. A full list of endorsements is available on the GDS2025 website.

The full Declaration is available in English, Spanish, French, Russian, and Arabic. Easy-read versions are available in English and Arabic.

2. Global Inclusion Report

Also launched at GDS2025, the *Global Disability Inclusion Report: Accelerating Disability Inclusion in a Changing and Diverse World* offers a roadmap for future action in development and humanitarian efforts.,healthcare, employment, social protection, and humanitarian response.

The full report is available to read online.

3. GDS2025 Commitments

Central to GDS2025 is the Commitments Mechanism, a platform for collecting and sharing concrete, actionable commitments to disability inclusion. During GDS2025, it was announced that more than 800 commitments were submitted from governments, OPDs, the private sector, and international organisations. A few highlights from these commitments shared during the Summit include:

- UNICEF commits to allocating 10% of its annual budget to children with disabilities by 2030, enhancing data collection and expanding inclusive education and protection systems in 50 countries.
- Germany will invest €10 million to establish the Resilient and Inclusive Cities Hub and a further €5 million in inclusive education in partnership with Jordan.

All commitments will soon be published on the GDS Commitments Portal. EDF will continue to monitor the portal closely and share updates as further commitments, particularly from European countries and the EU, once they are published.

About the GDS

The Global Disability Summit (GDS) is a global platform dedicated to advancing the rights of persons with disabilities. Launched in 2017, GDS convenes governments, multilateral agencies, donors, the private sector, and civil society to discuss and drive disability-inclusive development and humanitarian action.

To promote the implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) and ensure disability inclusion is central to development cooperation and humanitarian responses. GDS 2025 aligns with the 2030 Agenda's ambition of leaving no one behind, strengthening global efforts to foster a truly inclusive world.

Despite global frameworks, disability inclusion is still under-prioritised. The Global Disability Summit (GDS) is a key platform to shift this, reminding the world that inclusion is a fundamental human right, not charity.

Source: https://www.edf-feph.org/edf-and-the-global-disability-summit-2025-thats-a-wrap-for-now/

Note of the editor: The European Polio Union has been a full member of the EDF since November 2024.

For more information from the EDF visit https://www.edf-feph.org/

KIM WALDEN POLIOPLUS SOCIETY

eFlashOnline

Trustee chair's message - May 2025

There are moments in our journey to end polio when doubt and uncertainty may take hold, yet we must remain steadfast and, above all, hopeful as we keep our eyes on the goal. As Winston Churchill once said in a moment of crisis: “We cannot afford — we have no right — to look back. We must look forward.”

In Rotary, we always rise to meet the moment. No challenge is too great. In 1988, when we partnered with the World Health Organization to form the Global Polio Eradication Initiative, an estimated 350,000 polio cases occurred annually across 125 countries. Since then, the GPEI — which also includes UNICEF, the U.S. Centers for Disease Control and Prevention, the Gates Foundation, and GAVI, the Vaccine Alliance — has worked tirelessly with governments worldwide. Together, we have reduced wild poliovirus cases by 99.9 percent.

The journey has not been without challenges. Today in Afghanistan, vaccinators are prohibited from conducting house-to-house immunization campaigns, while in Pakistan, conflict, terrorism, and migration hinder access to children in certain regions.

Earlier this year, the United States announced its intention to withdraw from the WHO, froze USAID funding, and restricted interactions with the CDC. These developments present obstacles for our polio eradication efforts and other Rotary global partnerships and programs.

Yet we rise to meet the moment, just as we have done before. We did so in India when we faced spikes in cases before the country was declared free of wild poliovirus in 2014. In Nigeria, we also encountered obstacles, but in 2020, WHO certified the country — and by extension, all 47 countries in the WHO Africa region — wild polio-free..

We are meeting the moment once again in 2025. Know that Rotary is working behind the scenes, collaborating with governments, international agencies, and partners to address challenges, manage

disruptions, and explore alternative funding. As a nonpolitical organization, we remain focused on operational solutions while serving communities and protecting public health.

My wife, Gay, and I have witnessed firsthand the urgent need of the moment in India, Nigeria, and Pakistan, where we administered vaccines to children. Looking into their eyes, I saw the future we are fighting for — and the responsibility we carry to finish the job.

The winds of change may shift, but with your help, Rotary's commitment to eradicating polio will stand strong until our mission is complete.

Mark Daniel Maloney

Trustee Chair 2024-25

Source: FB, 3. 5. 2025

TIPS FOR INTERESTING READING

- Polio Network (https://polionetwork.org/)
- Post-Polio Individuals Have A Better Life By Empowering Themselves (https://www.youtube.com/watch?v=Sf7hm2UtG84)
- The polio shot heard round the world (Rotary) (https://endpol.io/3G1OWjF)
- 70 years after the first polio vaccine was licensed, Philly-area survivors stress importance of continued vaccination https://whyy.org/articles/philadelphia-polio-vaccine-survivors-jonas-salk/?utm_campaign=sproutsocial&utm_content=1744716727&utm_medium=post&utm_source=twitter&fbclid=IwY2xjawJrm1JleHRuA2FlbQIxMQABHioQYCj64Q6YNEVl89BnofpQHg3HtagXFM5C3JD-bEkQ0s6RE1Z145BavR4p_aem_9JE-DXV076d1CvwkbA1bCg
- The Polio Comeback: How a Nearly Vanquished Virus Reemerged in Modern Cities https://discoverwildscience.com/the-polio-comeback-how-a-nearly-vanquished-virus-reemerged-in-modern-cities-1-320372/?fbclid=IwY2xjawKlr1xleHRuA2FlbQIxMQBicmlkETFZekVsR09wRk1BWHBHbkVjAR5jIboNEOueCeMH-WOLyeRb9vj3ahLYZGLfhiMYdWwVOfmytFKOuaqhbFwxjA_aem_VzrqGqA41fDdJ0TNeDztRA

IMPORTANT NOTE FROM THE EDITOR:

This is the last issue of the EPU Newsletter, edited and compiled by Stefan Grajcar from the Slovak Polio Association, the EPU Director since June 2016, who has decided to step down from the EPU Board of Directors, as well as the editor of the EPU Newsletter, by June 30, 2025.

Thank you all for your support and cooperation!

EPU MISSION

The European Polio Union is an umbrella organisation working for people with polio and Post Polio Syndrome living in Europe. It was founded in March 2007 and we currently have member organisations and individual members in 19 European countries.

Our objectives are:

- To encourage European doctors to come together to develop uniform guidelines to diagnose PPS and to conduct further research in conjunction with patient groups.
- To help to gather data on the prevalence of polio and PPS in Europe.
- To collect and share amongst all people with polio and PPS in Europe knowledge, experience and best practice of living with the disease and signpost information to health and allied professionals and polio organisations within Europe.
- To encourage relevant bodies and governments in Europe to ensure that polio immunisation levels are sufficiently high to prevent further outbreaks.

We are committed to working equally across all countries in Europe and to strive for greater recognition of the issues facing those affected by polio and Post Polio Syndrome.

Opinion Disclaimer

The views and opinions expressed in this EPU Newsletter are those of the authors and do not necessarily reflect the official policy or position of the European Polio Union and/or its Board of Directors. Any content provided by authors are of their opinion, and are not intended to malign any religion, ethnic group, club, organization, company, individual or anyone or anything.

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