

Guillain-Barré Syndrome

SUPPORT GROUP NEW ZEALAND TRUST

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NEWSLETTER MARCH 2012

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Medical Advisory Board

Dr Gareth Parry

ONZM, MB, ChB, FRACP
Professor Emeritus, Department of Neurology,
University of Minnesota, USA.

Gareth is currently working part time as a consultant neurologist at the Nelson and Wellington Hospitals and hopes to be able to increase the amount of time he spends in these activities over the next few years.

Dr Suzie Mudge

Director & Physiotherapist Neuro Rehab Results
Senior Lecturer/Senior Research Officer
Health and Rehabilitation Research Institute AUT University

Dr Chris Lynch

Neurologist and Neurophysiologist at Waikato Hospital
Honorary Senior Clinical Lecturer at the Auckland Medical School
Waikato Campus

Dr Pralene Maharaj

Pathology Registrar ADHB
And Trainee in Pathology with the Royal College of
Pathologists Australasia
Member of GBS Support Group since contracting GBS in 2006

Dr Dean Kilfoyle

Neurologist Auckland City Hospital
Auckland District Health Board

Dr. Annette Forrest

ICU Consultant
MBChB, BPharm, Dip ag & Vet Pharm
(In process of getting my CICM)
Also doing post grad in ECHO (Queensland Univ,) and
Post grad in aero medical retrieval (Otago Univ)

Board of Trustees

Bob Stothart

John Davies

Jenny Murray, QSM

Ken Daniels

Tony Pearson

Don Martin

Peter Scott

Maria de Cort

Dr John Podd

Chris Hewlett



Editors Note

Life has been pretty hectic this year. We have been trying to make the most out of the so called long hot summer days which in reality have been few and far between. All our motorcycle outings have been rained on at some point, and always when the wet weather gear was packed away! Maybe we will get some better weather now we are officially in Autumn. I did get to cross a few places off my Bucket List of rides to do. They were the Molesworth Station, Rainbow Station and last but not least 90 Mile Beach. All something I could not have done a few years ago when struck down with GBS so I really do appreciate being able to do these things nowadays.



February 29th was officially declared "Rare Disease Day" but to my knowledge advertising of this event on media venues was pretty sparse and I daresay most of you were more aware of the fact that it was leap year. Hopefully we don't have to wait another four years to promote this area of medical mayhem.

Brain Day will have also been and gone by the time you are reading this but hopefully we will have a report back from both Bob Stothart and John Davies who are flying the flag for us at events in Auckland and Wellington.

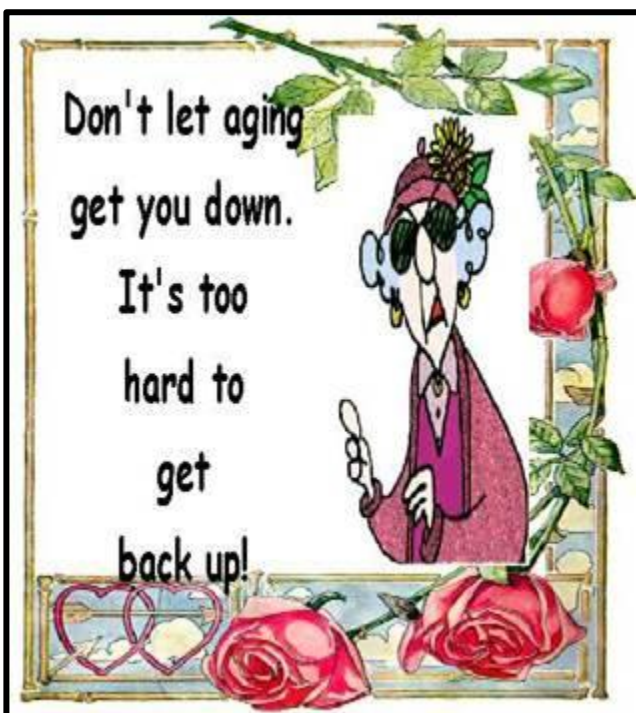
We have had a couple of new cases of GBS this year, so I wish those people well in their recovery.

The AGM is fast approaching and details about this appear elsewhere in the magazine. I do hope a few of you will attend. As far as I am aware there are no onerous jobs up for grabs so you will be fairly safe in that department but having said that if you feel you have something to or want to contribute to the on - going promotion and running of the Support Group please don't be shy. We would love to have you on board.

We now have a Medical Advisory Board. Thank you to the Doctors and Professional personnel who have agreed to be on this board. All have agreed to provide articles for future magazines so I look forward to receiving those contributions.

I have no new GBS Stories so please if you haven't already jot down your experience (it doesn't have to be a novel) as I get a lot of feedback from people saying how much they enjoy reading the personnel experiences. We can all relate to them in some way and they can be a great inspiration for new sufferers. This month I have had to bore you with my own encounter.

Chris



YOUR REQUESTS

Do you have a particular topic you would like Dr Parry to advise on? If so please send details to the editor and these will be passed on and replied to in upcoming Issues.

Any other suggestions to improve the magazine also appreciated.

Remember this is **your** magazine and your input is important.





Another piece of good news is the establishment of the Medical Advisory Board. Gareth Parry has worked on this for some time and we are now fully supported by a diverse and very experienced MAB.

Brain Day is upon us and John Davies and others
in Auckland and Margaret and I, with Don Martin,

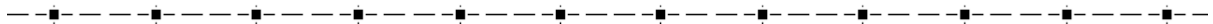
Presidents Paragraph:

in Wellington, have set up stalls in support of the Neurological Foundation. This is really good exposure for us as an organisation and it helps to raise awareness among the neurological fraternity.

Gareth Parry has been doing some consultancy work at Wellington Hospital and while doing that he has stayed with Margaret and me. This has provided a special opportunity for thinking, planning and trying out ideas for the Support Group. Among our many discussions has been a focus on the next National Conference, Wellington, 2013. I know it is a long way off but I want to urge you to be there if you can because the programme will be the best ever.

Special thanks again to hospital visitors. The front line of our support work. Special thanks to all who have supported a GBS or a CIDP

Bob Stothart



Letters to the Editor

Dear Tony (& the GBS Support Group)

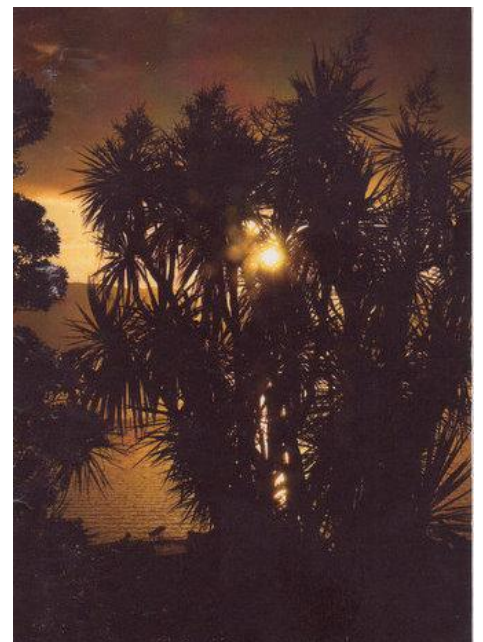
I sincerely apologise for having taken so long to respond to your lovely card following my father's passing in July.

It has been so nice to hear from all the people that were such an important part of Dad's life and whom we only knew of and did not know.

This wee card is a photo that dad took a couple of years ago from our family living room and I think reflects the way he saw life, full of darkness but with so much light to shroud it out.

I wish you the best with your group.

Best wishes,
Rachel Haas



Secretary's Jottings



Well we are off again! – this time to Australia (Tasmania and the Blue Mountains) for a month and that being so I need to get this report to our Editor before we leave (tomorrow morning Feb 15th!!). We don't actually go away a lot but it seems that every

time I have to write a report for the Newsletter we are either going or have just returned. I guess that is what retirement is all about.

First things first – a big thank you to those of you who have already renewed your membership – membership cards should be with you by the time you read this report. The new direct bank transfer system has been adopted by quite a few members and seems to be working well BUT... if you sent Peter \$60 via bank transfer and haven't yet received your membership card then perhaps you are our "mystery member" – please let Peter or I know who you are so we can acknowledge your payment.

Elsewhere in this Newsletter you will find formal notice of the AGM to be held in Tauranga on April 28th. Formal papers will be with financial members early April. You may not be able to attend but please take the time to complete the Proxy Form and DO let us know if there is some aspect of the management or direction of the Group that you feel needs to be addressed by the Board

The big GBS news of the time is that Gareth and his wife Cathy are now resident in Nelson and Gareth is already undertaking neurological consultancy in Nelson and Wellington Hospitals on a part time basis. They will be oscillating between here and their long time home in Minnesota for a while but their intention is to become full time based in Nelson. I am hoping that Gareth will become a regular contributor to these Newsletters.

The latest editions of our "sister" publications from the US and UK groups contain several interesting stories from GBS'ers who are also medical professionals – Physios, Operating Room Nurses etc all of whom recall how scary some of the "regular" daily ward procedures were when they were in a totally helpless state – bed transfer, toileting, turning etc and in some cases the sheer insensitivity of the caregivers to the needs of the GBS patient – clearly we still have a lot of "educating" to do in professional spheres.

Fundraising forms a major part of the UK and USA Group's activities – particularly as they are both committed to providing significant funds for research

projects in their respective countries. Our efforts are not so extensive although a few stalwarts regularly organize events to help boost the funds. The basis of an NZ Research Fund has been facilitated by the G.H.Jones Legacy and in the years to come this may well enable us to "hold our head up" in the field of international research into the cause and cure of GBS - BUT in the meantime what can we do to help the Group funds ?. One idea put forward by a "Top O' the South" member was a fund raising dinner (or lunch) by local groups – this is a popular UK occasion but I am not sure how easily it fits in NZ. As a starter could I ask "Top O' the South" members to e mail me to express their interest – or otherwise – and let's see if this is something that might just provide a very pleasant social outing as well as raising a modest amount of funding for the Group. Vivienne and I have our own idea – we need to get fit (particularly after the forthcoming month in Australia) and have entered a half marathon fund raising walk through the Marlborough Vineyards in May – our entry fee provides the funds to the nominated sponsorship but we have an idea that – just maybe – we could coerce a few locals into sponsoring us to raise funds for GBS. If you live within "my area" expect a call!!

OK so far I have failed to set up a Face book site – not my fault!! It was all planned for Christmas with my computer savvy younger daughter but the pre Christmas floods in our area meant they had to evacuate their home and move in with us and amongst all the trauma and confusion Face book took a back marker place – I WILL do it – just give me time!.

You may recall in my last report I commented favourable on the UK lady who whilst not diminishing the athletic feats of past GBS'ers remarked that a MAJOR achievement for her was being able to walk to the local shop for a half dozen eggs (funny how NZ still stick to half dozen???) – That has sparked a whole raft of supportive and dismissive "Letters to the Editor" about the pro's and con's of reporting athletic achievements by former GBS'ers – I thought the most relevant was the letter that said – "we need to hear POSITIVES – we all live with lots of negatives – give us something to be proud and happy about" – and that surely is the whole purpose of a Newsletter. We watch gloom and doom on the National News each evening – lets have something to smile about!! – Well that's my view!!

As usual take care

Tony

Guillain-Barre Syndrome (GBS) - what is it and what causes it?

This is the first in a series of 5 articles on GBS, written by Dr. Gareth Parry which will give a general overview of the disease.

The first article is on the causes and will be followed up with articles on how it affects you, how it is diagnosed, how it is treated and what the outcome will be and finally an overview on CIDP.

GBS as an autoimmune disease: GBS is an autoimmune disease in which the target of the immune attack is the peripheral nervous system (PNS). The PNS is that part of the nervous system outside the brain and spinal cord, consisting of the nerves extending out into the head, body and limbs. The immune system, when functioning normally, is designed to recognize foreign invaders of the body, most commonly viruses and bacteria but also foreign tissues, as in transplantation, and other foreign proteins such as pollen, dust and animal fur, as in hay fever and other allergic conditions. It is also important for internal surveillance, recognizing damaged cells that can become cancerous. When the normal immune system sees something that it recognizes as foreign it mounts an attack against the invader by producing inflammatory cells and antibodies that kill the invading organism or eliminate the foreign protein. Thus, the hallmark of the immune response is inflammation. In autoimmune diseases the immune system mistakenly identifies a normal component of the body as foreign and mounts an attack against that part of the body causing disease. The immune response itself is normal but the target of the attack is inappropriate. Autoimmune diseases can affect any organ; some well-known examples include rheumatoid arthritis, in which the immune attack is directed against the joint lining, psoriasis, in which the immune attack is directed against the skin, ulcerative colitis and Crohn's disease, in which the immune attack is directed against the bowel and multiple sclerosis, in which the immune attack is directed against the myelin sheath of the brain and spinal cord. In each of these diseases inflammatory cells invade and attack the target organ.

The targets of the immune attack in GBS: In the most common form of GBS, known as acute inflammatory demyelinating polyneuropathy (AIDP), the immune attack is directed against the myelin sheath of peripheral nerves. The myelin sheath wraps around each nerve fiber, the axon, providing support and insulating the axon so that it can effectively transmit electrical impulses. In a less common form of GBS, known as acute motor axonal neuropathy (AMAN), the axon itself is attacked. There are some other rare forms of GBS in which other parts of the PNS are attacked.

The Campylobacter story: In most autoimmune diseases the reason for this "mistaken identity" is unknown but in some cases of GBS we do know the

reason that the nerve is targeted and we think this may be an important clue to other cases as well. In about 70% of cases of GBS some kind of event is recognized, usually an infection, that triggers the disease. The most common trigger is a viral respiratory illness but the second most common is infection with a bacterium called *Campylobacter jejuni*. *C. jejuni* is a common cause of gastroenteritis, particularly in under-developed countries and unfortunately in NZ, and is most often related to contamination of uncooked (or undercooked) food with fecal matter, mainly from chickens. Just as recovery from the infectious illness is occurring the neurological illness begins. We now know that a protein in the coat of *C. jejuni* is very similar to a protein in peripheral nerve. The inflammatory (immune) cells that are recruited to eliminate *C. jejuni* then think the peripheral nerve protein is an invader because it "looks like" the bacterium and these cells attack the nerve, causing paralysis. This process is known as "molecular mimicry" because a molecule in the organism mimics a molecule in the nerve. The story for *C. jejuni* is well worked out and we strongly suspect that the mechanism is similar for other triggers as well.

Other known triggers: In the majority of cases the exact infecting organism is not identified because the infection is already getting better when the GBS begins. *C. jejuni* can be identified because it continues to be excreted in the feces for several weeks after the gastroenteritis has subsided. We know that a virus called CMV and an unusual bacterium called mycoplasma are important triggers of GBS and both cause respiratory illness. We suspect that many other viruses and bacteria can trigger disease in susceptible individuals. We also know that vaccinations can trigger the illness but it is uncommon. In about a third of cases there is no identifiable trigger but it is strongly suspected that minor infection has occurred, insufficient to produce recognized infectious symptoms but sufficient to activate an immune response. The common theme is an event that activates the immune system and that leads to nerve damage through molecular mimicry or through some as yet unidentified mechanism. GBS is not an infection of nerve and does not need to be treated with antibiotics. Nor is it a disease of an over-active immune system; the immune response itself is normal but it is misdirected.

My GBS Experience - Chris Hewlett

My GBS experience began in November 2001, just 2 weeks after I returned home from my first big OE, 4 weeks in Germany and two in the USA. Once back in good old NZ I got a chest infection and then a severe ear infection and was feeling pretty crappy. To cheer me up, hubby bought me a new - old classic motorcycle that I had been lusting after for a while, so after work on a Friday night we drove up to friends in Auckland where we spent the night. I had a bad sleep with terrible pain in my back and shooting down my legs. I stayed in bed while they all went to a garage sale. When I did get up I was very unsteady on my legs and seemed to bounce from wall to wall. I blamed the balance thing on my ear. We picked up the bike and I continued to get worse in the balance and pain stakes so instead of spending another night in Auckland we headed home. Another dreadful night's sleep so off to my Doctor on Sunday morning. (Yes he actually saw me). The first thing he asked me was "Why are you walking like that", to which I replied, "I don't know where my feet are". Then he said "You have GBS and need to go to the hospital. I will ring them and tell them you are coming in. Would you like an ambulance?" Saying no to that was a big mistake. Had I said yes I would have been seen straight away, instead I had to sit for hours in A & E and then when I was finally seen this GBS thing my Dr had mentioned didn't surface. Meningitis, sciatica and numerous other suggestions were being bantered around so my hubby said what about this GBS. Oh no it wouldn't be that they said, by which time I had had enough and told him to take me home but instead I was admitted.

The next day I was poked and prodded and asked 1000 questions by several doctors and the consensus then that it was likely to be GBS. The Neurologist said I would be spending the next couple of weeks in hospital. I disagreed and said I wanted to go home. Not possible he said you can't walk. I disagreed so he told me to stand up. I eased my legs over the bed and stood up – only I didn't stand up I landed in a crumpled heap on the floor and had to be helped back into bed. His response "I don't think you will be going anywhere for a while". "You will get better but having a good sense of humour and a positive attitude will help you get through this. " How true those words were.

Had the usual tests – lumbar puncture and the dreaded electric shock treatment and onto Immunoglobulin. Two weeks down the track and I'm still going downhill. The Immunoglobulin didn't seem to have made an impact. Several weeks later I had made little progress so another round was started but I had a reaction to it, became mildly neutropenic so they stopped that and put me into isolation, but at least the extra dose seemed to have an effect. Thankfully I didn't need to be ventilated and I put that down in part to having done a lot of swimming prior which I'm sure strengthens ones lungs. My joint position sense had been quite markedly affected and I had many a terse word with my husband when he didn't put limbs back into bed when I asked. A difficult task when there were no limbs out of the bed. I still have moments of uncertainty and need to move my legs just to confirm their position.

I had the "painful" version of GBS so that brought about its own problems. One of them was having those wonderful tight sexy full length white stockings taken on and off each day. As for the hoist that was a no go zone and we found a way around that, that would be totally unacceptable today, but it worked!!

The tilt table wasn't one of my favourite activities as it always seemed to affect my blood pressure and without warning I would pass out. One day my physio decided it would be nicer for me if I could look out of the window while doing the exercising instead of staring at the wall. I don't do heights well and to be strapped onto a board parked close to a window 4 stories up was not my idea of fun, so thereafter I always had the wall to look at.

My hubby used to take me out onto the roof garden most days. It was so nice to get fresh air and sunshine. A little challenge we had was the elevator button. It took me 6 weeks before I was able to reach it but I didn't have the strength to push it. That took a few weeks longer and we were both so excited when I did it. Milestones like that were very important.

A few weeks into GBS I started writing a journal. I had to use a padded pencil because I couldn't put enough pressure on a ballpoint to make it work and the pain in my hands was immense. It would take me ages to write a few barely legible lines. It was worth the blood sweat and tears.

I spent 3 months in hospital. I had lots of highs and lows but I can't thank the nurses, physios and even my tea lady enough for all their help and support during that time. And, my friends and family who were there for me every step of the way. My husband was an absolute tower of strength during those months in hospital and even more so when I came home quite incapable of doing anything, but I'd had enough of hospital and just wanted to be at home.

The road to recovery was long and slow, but I am lucky and have made a good recovery and am back doing the things I enjoy, albeit at a more leisurely pace. Life is good.

Ps: I never did get to ride that old motorbike. It was just too heavy for me after GBS so reverted back to the one I already had.

Wednesday 8 February 2012

Food safety regulation of poultry cuts levels of paralysis

A recent large decrease in campylobacter infection from fresh poultry in New Zealand has also resulted in a significant drop in a neurological condition which can result in paralysis or death.

Guillain-Barré Syndrome (GBS), an auto-immune condition which affects the nervous system, is known to sometimes follow campylobacter infection. GBS causes paralysis that often requires patients to be ventilated in the intensive care units of hospitals. Although patients with GBS usually recover over weeks or months, it can leave permanent disability, and is sometimes fatal (3% in New Zealand).

New Zealand used to have the highest reported rate of campylobacter infection in the world, until stricter regulations on the processing of fresh chicken were applied from 2006 by the Food Safety Authority (now part of the Ministry of Agriculture and Forestry). These stricter regulations were followed by a 50% fall in campylobacteriosis notifications and hospital admissions in 2007.

This world-first study, published in the latest issue of the international journal *Emerging Infectious Diseases*, showed that this large decline in campylobacteriosis was followed by a highly significant 13% drop in the number of GBS cases.

“This result is a big plus for the health of New Zealanders as it shows, for the first time, that if you control campylobacteriosis you also cut the rate of this serious type of paralysis,” says lead author, Associate Professor Michael Baker from the University of Otago, Wellington.

“Based on this research we can say that about 25 cases of GBS a year in New Zealand were being caused by campylobacter infection.”

Baker and his research colleagues identified 2056 people admitted to New Zealand hospitals with GBS over the last 23 years (1988-2010), giving a population rate of 2.3 cases per 100,000 a year, which is high by world standards.

“This study shows another reason why campylobacter infection should never be dismissed as just a stomach bug. People may end up paralysed for weeks or die if they develop GBS after eating food contaminated with campylobacter.”

The study provided important evidence linking GBS to campylobacter by showing that:

- annual rates of GBS and campylobacter infection were significantly correlated over the 23 year period;
- the 50% decline in campylobacter infection was associated with a statistically significant 13% decline in GBS; and
- those hospitalised with campylobacter infection had a 320-times increased risk of being readmitted to hospital with GBS within the next month.

A co-author, Associate Professor Nick Wilson, hopes this research will encourage the Ministry of Agriculture and Forestry to use its regulatory powers to further lower the campylobacter contamination levels in fresh poultry.

“New Zealand still has amongst the highest notified rates of campylobacteriosis in the world and poultry remains the dominant source,” he says. “We should not tolerate this unnecessary burden of disease that is still causing at least 70,000 cases of campylobacteriosis a year, 500 people being admitted to hospitals, and around a dozen new cases of GBS.”

“This work provides yet another illustration of the importance of strong evidence-based health and safety regulation. It also shows the very significant health and economic benefits that come from adequate regulation of food safety,” says Wilson.

“This intervention is now saving New Zealand at least \$ 60 million dollars a year in productivity and health care costs”.

The regulations introduced to lower campylobacter contamination of poultry in 2006 followed detailed research by Associate Professor Michael Baker and colleagues which confirmed the strong link between contaminated fresh chicken and extremely high campylobacteriosis rates in NZ consumers.

“We should not forget that campylobacter come from other sources as well as fresh poultry, so improvements in general food safety and water quality are highly desirable. It’s time we did a lot more to get the quality of the environment to match up to the “clean green” image New Zealand sells to tourists,” says Associate Professor Baker.

For further information contact:

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A copy of the article is available online:

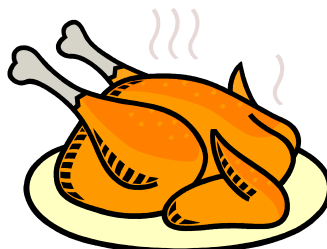
<http://wwwnc.cdc.gov/eid/article/18/2/pdfs/11-1126.pdf>

For a list of Otago experts available for media comment, please go to:

www.otago.ac.nz/mediaexpertise

These articles are also on the GBS Website with the kind permission of Associate Professor Michael Baker

www.gbsnz.org.nz



AIDS TO HELP GBS SUFFERERS



This nifty little device enables GBS sufferer Grant to eat his meals without relying on others to assist with the basics like cutting his food.

The fork holder was originally given to Grant by the Occupational Therapists in Waikato Hospital. Presumably all Community OT's would have access to them. Grant has recently had more made by a local upholsterer.

BOP Coffee Morning Group



Another successful coffee morning was held in the BOP in February. Those attending:

Back Row: Chris Hewlett, Meike Schmidt, Colin Rickard.

Front Row: Woody and Carmen Woodhouse and Grant McKay

Next Meeting:

Wednesday 20th June, 10.30am
Villa Ridge Café
528 Cambridge Road, Tauriko, Tauranga

Green Prescription

A **green prescription** is a referral given by your doctor or nurse, to your local Sports Body Group (ie, Sport Bay of Plenty, Sport Canterbury, Sport Otago) who will then contact you and arrange an appointment to discuss your needs and find exercise options that suit your particular needs.

They link in with many facilities in the community including walking groups, exercise classes etc.

If you think this may help you in your recovery from GBS contact your medical practitioner.



Vaccinations



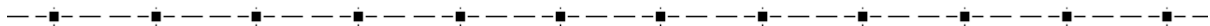
Very soon we will be faced with the dilemma of whether or not to have a flu injection. This is always a contentious issue amongst GBS patients and at the end of the day it is a choice each of us has to make for ourselves.

Dr Gareth Parry has this to say:

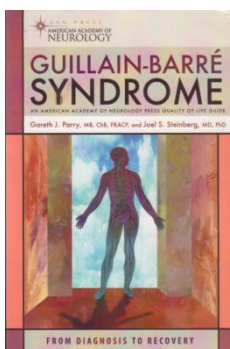
There is no such thing as a completely safe vaccine and both neurological and non-neurological complications are well documented, including cases of GBS. The question, as always, is whether the risk of the complication outweighs the benefit of the vaccine. I participated in a national (US) surveillance program last winter to see if there was any increase in the number of GBS cases occurring following that season's flu vaccine and we can say with complete confidence that there was not the slightest increase in the number of GBS cases occurring in the US. Thus we can say with confidence that the risk is vanishingly small, although not zero and for selected groups of individuals the benefits are well established.

People with lung disease or any chronic debilitating illness as well as older individuals (over 65) and children under 3 all benefit from the vaccination. Individuals who have had GBS in the last 12 months should not be vaccinated. Also, those individuals whose GBS was *persuasively* linked to a flu vaccine should carefully consider whether they should ever receive the flu vaccine again. Each individual must discuss the issue of vaccination with his/her own doctor to try to realistically assess individual risk.

The goal of vaccinating low risk individuals is to minimize the risk of spread to unvaccinated high risk individuals; the larger the number of unvaccinated people the greater chance of spread through the community. Thus, family members of the groups listed above are also should be vaccinated.



Interesting Reading



Jenny has stock of Gareth and Joel's book.

Cost \$35 plus p&p

Written in an "easy to read and understand" format for the layman, it covers a wide range of topics including symptoms and diagnosis, caregiver guidelines, rehabilitation and much more.

If you or any of your family members want a greater understanding of GBS then I strongly recommend this book.

The Listener had an interesting article called "Fighting immune system deficiency after 60"

You can read it on the website below:

<http://www.listener.co.nz/lifestyle/nutrition/fighting-immune-system-deficiency-after-60>



Something from the Kitchen

This month's recipes supplied by Meike Schmidt

Zucchini Loaf

Beat together:

3 eggs
1 cup oil

Add:

2 cups sugar
1 Tb sp. van.essence
2 cups flour
2 tea sp. baking soda
1 tea sp. salt
1 tea sp. Cinnamon

Stir In:

2 cups grated zucchini
1 cup walnuts

Fill mixture into 2 loaf tins, bake at 180 C for 1 h, yummy!!!



Chocolate Chippies Cookies

Heat oven to 180 C (or 170 fan bake), rack just below the middle.
Line tray with baking paper or teflon liner.

Melt:

150g butter in the microwave

Add:

1 cup packed brown sugar
1 cup white sugar
2 large eggs

Beat till mixed.

Add:

1 cup chocolate chips
1 tea sp. baking soda
2 cups plain flour,

Mix all together.

Using 2 spoons, form little piles on tray and bake for 8 - 10 min. Fan oven cooks quicker.

While warm, lift on cooling rack. When cold, store in airtight container (if you have any left over, ha ha).

(For another variety: add grated rind of orange and stir into melted butter.)



The 10th AGM: 1.30pm Saturday 28th April 2012.

Tauranga Classic Motor Cycle Club Rooms

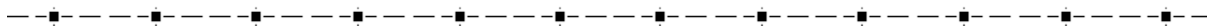
Cherokee Place Reserve Mount Maunganui

Formal Notice, Agenda, Minutes and Proxy Forms will be circulated to all financial members of the Trust in early April. Everyone is welcome to attend the meeting but only financial members are eligible to speak and vote at the meeting

Members who are unable to attend the meeting may nominate a Proxy to vote for them, either our President Bob Stothart or another member of their choice.

Nominations for membership of the Trust Board are always welcome and should be lodged with the Secretary as soon as possible but no later than Thursday 26th April. Nominations should be signed by the candidate who will need to be, or become, a member of the Trust and supported by a Proposer and Seconder who must also be members, together with a brief C.V. of the candidate. If no nominations are received prior to the meeting the Board may accept oral nominations at the meeting.

If you have any questions about the forthcoming AGM please direct them to the Secretary Tony Pearson on 03 526 6076 or tonypearson@xtra.co.nz

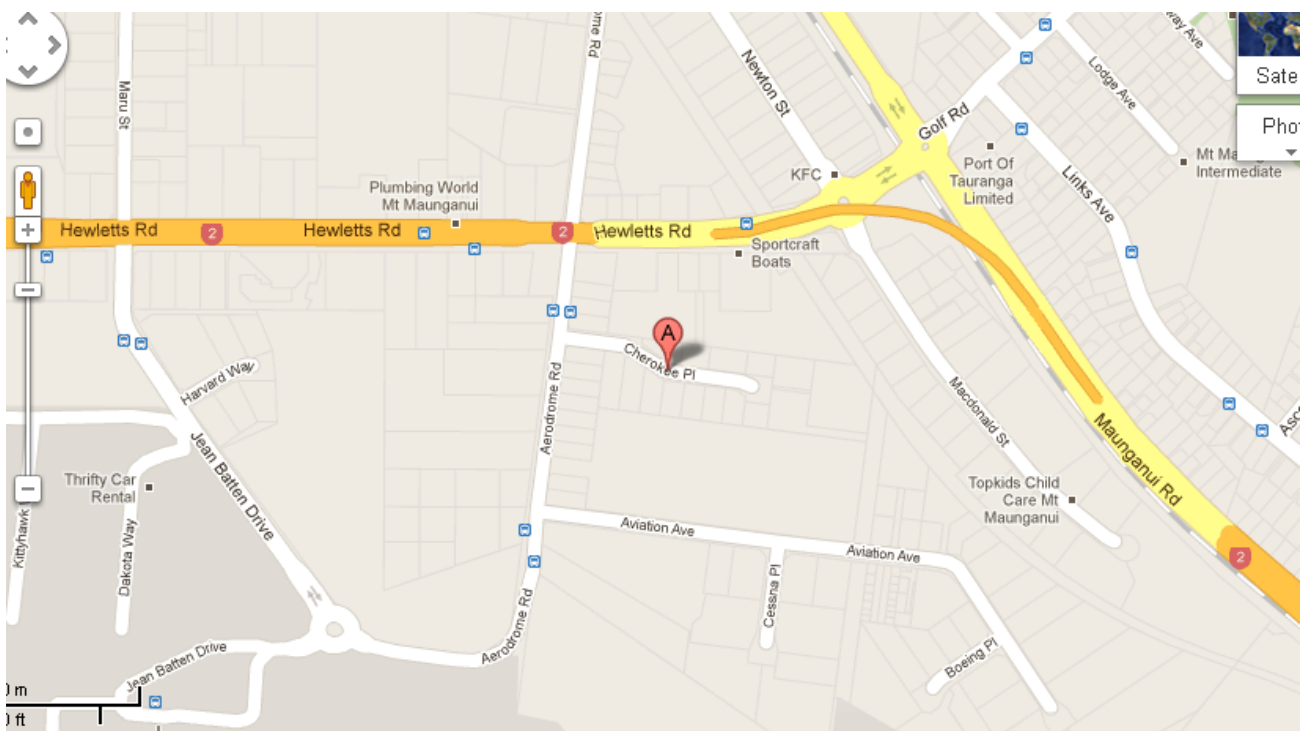


Directions:

If you are coming from Tauranga you will need to turn right into Jean Battern Drive (sign posted to Airport), via left at the round - about onto Aerodrome Road and take the second right into Cherokee Place. The clubrooms are a short distance down Cherokee Place on your left.

If coming from the other direction you simply turn left into Aerodrome Road and take the first left into Cherokee Place.

There is ample parking and wheel chair access into the building.



Notice Board



AGM 2012

When: Saturday 28th April 2012

Where: To be held at the Tauranga Classic Motorcycle Clubrooms, Cherokee Place Reserve Mount Maunganui. 5 mins drive from airport.

Time: 1.30pm followed by afternoon tea.

Pickup from airport will be available for anyone requiring it. Contact the Editor.

Trustee Meeting will be held prior to the AGM starting time 11am



Hospital Visitor Training

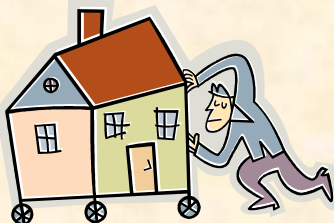
If you would like to become a hospital visitor and receive training please register your interest with either:-

Bob Stothart: E Mail - stothart@ihug.co.nz

Don Martin: E Mail: don_martin@xtra.co.nz

Moving or

Changing your Email Server??



Don't forget to let the Secretary and/or Editor know your new details.

Wanted



Have you made or found a device that helps with day to day tasks? If so we'd to share it with other members.

Please send to the Editor.

E Mail: chrispy57@gmail.com or

Mail to Chris Hewlett

51 Killen Road, RD 2 KATIKATI, 3178

Wanted - Urgently

Your personal story whether you be a sufferer or a caregiver we would love to hear from you.

Please send to the Editor.

E Mail: chrispy57@gmail.com or Mail to Chris Hewlett 51 Killen Road, RD 2 KATIKATI, 3178