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## Guillain – Barré Syndrome Support Group New Zealand Trust

Registered N.Z. Charity No. CC20639 Charities Act 2005

### NEWSLETTER DECEMBER 2015



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# Medical Advisory Board



<b>Dr. Gareth Parry</b> ONZM, MB, ChB, FRACP Professor Emeritus, Department of Neurology, University of Minnesota, USA.	<b>Dr. Chris Lynch</b> Neurologist and Neurophysiologist at Waikato Hospital Honorary Senior Clinical Lecturer at the Auckland Medical School Waikato Campus
<b>Dr. Pralene Maharaj</b> Pathology Registrar ADHB And Trainee in Pathology with the Royal College of Pathologists Australasia Member of GBS Support Group since contracting GBS in 2006	<b>Dr. Suzie Mudge</b> Director & Physiotherapist Neuro Rehab Results Senior Lecturer/Senior Research Officer Health and Rehabilitation Research Institute, AUT University
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<b>Kathryn Quick</b> Senior Physiotherapist Neuro – Services at Auckland District Health Board BSc(Hons) MCSP NZRP	<b>Penny Sender</b> Clinical Psychologist Dip Clin. Psych
<b>Dr. David Gow</b> Neurologist with Southern DHB	<b>Dr. Vic du Plessis</b> Neurologist and rehabilitation specialist. Part time consultant neurologist Dunedin

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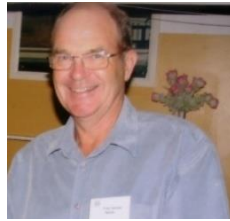
# Board of Trustees

## President



Ken Daniels

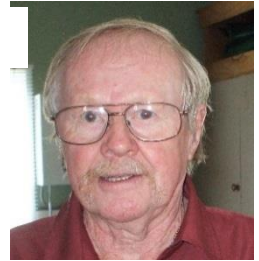
## Secretary



Tony Pearson

Peter Scott

## Treasurer



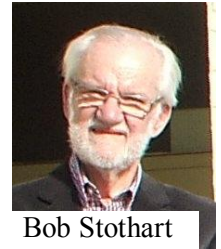
Chris Hewlett



Doug Young



John Davies



Bob Stothart



Dr. Pralene Maharaj



Dr. John Podd



Meike Schmidt-Meiburg

## Advance Notification of 2016 AGM

**To be held in Wellington Saturday 14<sup>th</sup> May 2016**

**Mark your calendars now.**

The Annual General Meeting of the GBS Support Group N.Z. will be held on Saturday 14<sup>th</sup> May 2016 in the De Havilland Room at Wellington Airport. The meeting will commence at 1300hrs and will be preceded by a meeting of the Board of Trustees.

Formal Notice of the meeting will be issued to all financial members in April 2016 but, in the meantime, if you have any matters or concerns that you would like to air or have discussed at the meeting please advise the Secretary Tony Pearson Email:

[tonypearson@xtra.co.nz](mailto:tonypearson@xtra.co.nz)

Tel: 03 526 6076.

Holding the meeting at the airport will, we hope, ease the complications and expense of attending for non - Wellington members and make attending by Wellington members simple and straightforward using the efficient bus system that operates in our Capital city.



## Editor's Note

Another year has flown by and hopefully you have all made steady progress on your GBS journey. For those of you newly diagnosed and finding that you will be spending Christmas in hospital my heart goes out to you. I and several members of our coffee group have been in that exact position. In fact all of the attendees at our last meeting spent Christmas in hospital. Makes me wonder if there is a common link here. Change of season illness perhaps?

I must apologise to Sharon Dixon as I have had the wrong email address for her in her request for people to contact her with a view to start an Auckland coffee group. I hope that this does get off the ground. Please contact her and make it happen.

Lil Morgan informed me that the Hawkes Bay area had a very successful get together in November and are planning another in the New Year. Watch Facebook and the Web site for further details.

Tony has updated the booklets provided to us by the UK Group (Gain Charity) so they are relevant to NZ and the next step currently being undertaken (by unpaid slave labour in the form of my son) is the revamping the covers to give a more NZ look. This has been a big task so we are all looking forward to seeing the new booklets in print and available for distribution to new sufferers.

As you are all lazying around your pools this summer please give some thought to jotting down your GBS journey and sending it to me. I am in desperate need of your stories. In fact any contributions are very welcome.

I have been putting in the Power Point presentations from the Conference presenters. These don't do the presenters justice but it does give you a small insight into their fields of GBS. Of course the best way to benefit from these people is to come to a conference and hear them speak.

Once again it is the time of year to renew your subs. The form is attached to this newsletter so please complete and get it into our Treasurer Peter Scott. Without your continued support we simply couldn't operate.

That's it from me for another year. Looks like we are in for a brilliant summer so it will be fishing, swimming and motorcycling for me.

Merry Christmas to you all.

*Chris*



## Interesting Links sent in by Members

Independent high quality evidence of health care decision making

<http://www.thecochranelibrary.com>

An article on ASPARTAME (Nutra Sweet, Equal, Spoonful, etc)

<https://rhondagessner.wordpress.com/2013/09/02/a-killer-in-your-fridge-sweet-poison-a-must-read/>



## **Presidents Report:**

I seems no time at all since some of us a year ago were facing the last minute scramble to buy Christmas gifts, make arrangements for relative visits, deciding what to eat on the big day or packing for holiday travel. That time of year has raced up on us again. For some of our members the story has been a little different.



Buying Christmas gifts has to be left to others; the visiting of relatives means having the grown-ups sitting painfully on your bed while you try not to growl at the youngsters as they help themselves to your Fortisip; realising that the hospital will do their best to put some thinly sliced chicken and bland Christmas pudding on your tray and wondering if that holiday will ever happen because your legs just don't seem to work the same any more.

I am sure that there have been times when most of us have wondered if the world will ever be the same again. The fact of the matter is that to a greater or lesser extent the world does indeed return to normality. The return to home signals the start of a wobbly regaining of the power to walk which leads to an ability to go shopping, to greet visitors at the door and planning for time with family and friends without the need for endless supplies of pain killers.

G.B.S. and C.I.D.P. are conditions that have their nasty phases but generally lead at least to periods of recovery. It is my wish for all of our readers that this summer season brings joy, recovered health and hope for you or your family.

I recently read a 2,000 year old quote from Confucius who said: "Our greatest glory is not in never falling, but in rising every time we fall." A lesson those G.B.S.ers may well appreciate!

Merry Christmas to you all.

Ken Daniels





## Secretary's Jottings

SO – I am under STRESS and have contracted a RARE DISEASE!! – The stress arises from our decision to sell our lovely “Lifestyle” property and down size to a smaller property, which we are “re-building”, with a postage stamp garden in a nearby village. The Rare Disease is Plantar Faciitis resulting from a fall in my garage (well OK not a Disease, more of an injury, but whatever – it bloody well hurts!!) and how many of you have heard of it! At this point you are probably asking

yourself what on earth has this to do with a GBS Newsletter! – Well two things:-

Firstly with the benefit of hindsight and a better knowledge of the ins and outs of GBS “triggers” I am now pretty much convinced that my “trigger” was stress – not vaccinations or Campylobacter – just good old fashioned STRESS. I recall this was touched on at the last Conference by the Experts but I wonder just how many of you might also re-consider this as your “trigger” when you cannot relate any of the more common causes in your particular case.

Secondly, although I was relieved to hear from my GP that I didn't have cancer of my heel or a return of CIDP pains – but in fact a fairly common ailment of those of us who forget that the years are creeping on - called Heel Spurs! – I was reminded that there are literally 100's if not 1000's of ailments affecting our bodies that most of us never come across in our lives. A quick look at the N.Z. Organisation for Rare Diseases [www.nzord.org.nz](http://www.nzord.org.nz) will reveal just how many have sufferers in New Zealand. GBS is just one of them so we should not get too upset if our local GP – or even hospital Consultant does not immediately recognise our symptoms when we fall prey to the Syndrome. We know that a CURE for GBS is not viable but that early diagnosis is key to the speed of treatment and subsequent recovery – so, in my book, our efforts should be focused on additional education of our trainee doctors and nurses to help them recognise GBS when it crosses their path and further awareness activity both to Health Professionals and the general public.

New contacts with sufferers continue to come in and where possible I try and arrange for one of our accredited Hospital Visitors to make contact – or I supply brochures or just words of encouragement. However, it is becoming increasingly clear that the internet is the initial source of choice for many new sufferers and their carers and family wanting to know about GBS and its related variants. Our website is in pretty good shape thanks to the ongoing attention by Lil and Chris but if you have any ideas that might improve it do let me know – a passing thought – when was the last time YOU looked at our website ?? [www.gbsnz.org.nz](http://www.gbsnz.org.nz) but, of course there are other media social sites and our Face book site is an increasingly popular forum for new GBS'ers to seek help and advice from likeminded fellows.

Back to more “mundane” but nevertheless important items:-

With effect from 1<sup>st</sup> December 2015 we, as a registered charity, are subject to new reporting rules issued by the Charities Services. In a nut shell this requires us to not only continue to account for funds received and spent but also to set out our goals and aspirations and how we have measured up against these in the past year. All pretty “wishy-washy” stuff do I hear you mutter – well NOT SO! It is my belief that organisations that supply funds to Groups such as ours will increasingly want to assess just how well their funds have been utilised in the past and how well any future grant of their limited but much sort after funds is likely to assist in helping the organisation achieve its aims and our annual Service Performance Reports – as they are to be called- will figure greatly in this. I shall be working closely with our Treasurer on this issue over the coming 12 months – we have pretty good track record and basis from which to work but it will require additional record keeping and some clear thinking about future direction from the Board of Trustees.

Has anyone experienced any difficulties in obtaining or renewing a driving licence in NZ after contracting GBS or any of the variants? In the UK it is apparently an offence not to disclose GBS as an illness on your driving licence data – and you may or may not be granted a licence as a result of having GBS.

Finally an apology to our Miller Fisher members! Naively, having read a little about this variant, I assumed it was a mild form of GBS that affected just the facial muscles but having just read two horrendous accounts of UK Miller Fisher sufferers... “Tony was totally paralysed and remained in a coma for a month and was ventilated for 9 months” and from Les “I had been put into an induced coma initially but after this was stopped I failed to wake up naturally and my family was told to prepare for the worst and asked to give permission to turn off life support” – Clearly it ain't a MILD form of GBS!! **Could we perhaps have a story for this Newsletter from a Miller Fisher member** – I know there are not many of you but I think we all need to understand what you went through.

As always – take Care

Tony



# 12 Years Down The Track

By Grant McKay

GBS has left me with some disabilities and living day to day with these has been a challenge. 12 years ago I was diagnosed with GBS and spent 11 months in hospital. My journey has left me with very poor balance requiring the use of two sticks to walk safely. I have no ankle movement hence foot drop and limited use of my hands also fatigue is still an issue.

I have learned that with a positive attitude and perseverance most things can be achieved by approaching the task from a slightly different angle to the way I used to. Negotiating stairs without a hand rail is a challenge and requires extra help, also downward slopes and uneven surfaces need to be approached with caution. Regaining confidence when I take myself out has been a major hurdle. Walking with two sticks does not allow you to carry anything so a "Man Bag" with shoulder strap had to be purchased much to the disgust of my two sons, although they could see the practical side of this!

Driving the car again was another area where confidence had to be regained, not forgetting the grueling driving test I had to endure to make sure I was safe on the road. Gaining my wheels gave me much needed independence and restored my love of driving. Driving the Grandchildren for the first time was another hilarious event as they had never driven with me before and made comments like, "Are you sure you can drive safely, Grandad" and "Are you allowed to drive Gran's car, Grandad"

The purchase of a trike has been a huge success, taking myself out on a bike ride to increase fitness and pedaling to our local outdoor rehab-exercise complex is always fun. Socializing and working out with others in a similar situation is great support.

Walking on the beach for the first time happened after 8 years and after I gained enough balance to control the wobble you experience as you sink into the sand. This progressed to a paddle in the waves which went well once I realized that the walking sticks only sink a short distance down!

I am a keen gardener so have been able to keep up the interest by changing my approach to various gardening challenges. Using two hands to pull out weeds where one would have done in the past. Working from my wheelchair or from a chair placed in the middle of a garden when digging or pruning is required and by using long handled tools makes most tasks achievable. Having a raised vegetable garden built has been great, sitting on the side planting or digging is so therapeutic and allows me to continue with my hobby. Putting vegetables on the table that you have grown is always so rewarding.

Attending my first GBS National Conference and meeting and talking with others who have similar disabilities was hugely beneficial to me. Until this conference I had not seen any GBS survivors who walked

with crutches or sticks, whose hands did not work properly like mine and not forgetting the balance problems. This made me realise that I was only one of many who live with disabilities. I would encourage anyone who has not been to a conference to seriously consider going to the next one.



The Waikato- Bay of Plenty Coffee Group meetings are good value, these informal gatherings are well supported and offer an opportunity to chat and share our personal experiences. Many lasting friendships have been made from these meetings.

Living with disabilities has its challenges but small improvements continue to happen especially with my balance. We are all survivors of GBS and I have always tried to make this my main focus.

# Member Questions Answered by the Medical Advisory Board

## Question One:

When I was diagnosed with CIDP some time ago I was advised to avoid contact with kids and folk with Chicken Pox at least when they were contagious – and I have done so ever since – Apparently Chicken Pox could compromise your immune system and set off CIDP again. However recently I read an article in the Listener that was advocating the importance of having immunisation against various BUGS that us older folk (they said over 50! ) might encounter and I would appreciate any comments or advice that the Medical Advisory Panel might have on the suggestions made:-

1. **Zostavax:** -this is a vaccine that protects adults from getting Shingles – it is free in the UK when you are 70 but costs about \$200 in New Zealand but the article says it is not recommended for anyone on a drug that suppresses their immune system – which may, I suspect, include some of the drugs we GBS'ers have had.
2. **Whooping Cough Booster** – having witnessed my 2 year old granddaughter suffer from this it's certainly a disease I wouldn't like to contract.
3. **Prevenar 13** – a vaccine to protect against meningitis and pneumonia – again not free in NZ.
4. **Tetanus and Diphtheria** boosters free at 65.

## Dr Chris Lynch replies:

*Tetanus booster is sensible as the risk is always close in normal living circumstances.*

*The first three are optional if one has the resources and sufficient health concerns, but would not be my recommendation to this patient, as the risks from these conditions are too distant.*

## Dr Gareth Parry replies:

*The risk of any vaccination in a person with CIDP is extremely low and must be weighed against the risk of the disease against which the vaccine is directed.*

1. *Zostavax contains a live strain of the chicken pox virus that has been attenuated to essentially eliminate its infectiveness. It can stimulate an immune reaction to reduce the risk of zoster infection (shingles) BUT SHOULD NOT BE TAKEN BY A PERSON WITH CIDP, even if not on CIDP treatment.*
2. *The whooping cough vaccine we all received as infants imparts long lasting immunity and there is no consensus that a needs to be given. I think, therefore, that the admittedly tiny risk probably outweighs any benefit.*
3. *Prevanar 13 is a vaccination against the bacterium that is a common cause of pneumonia in people over 70. In a smoker or someone with a serious concomitant illness such as asthma, chronic bronchitis, emphysema, diabetes or any form of malignancy the benefit unequivocally outweighs the risk. In otherwise healthy older people it is probably still better to have it than not. The annual influenza vaccine probably falls into the same category. The risk that either of these vaccines will trigger CIDP relapse is extremely small.*
4. *Tetanus boosters have rarely been reported to trigger CIDP relapses but the risk is, again, tiny. In city dwellers it is probably not necessary. In rural dwellers or in anyone who suffers a contaminated deep wound the benefit probably outweighs the risk.*
5. *The risk of exposure to diphtheria in NZ is so vanishingly small that I do not recommend a booster.*

*The only unequivocal answers are #1 and #5 but I hope the others provide some useful guidelines.*

## Question Two:

Is there such a thing as hereditary CIDP?

## Dr Gareth Parry replies:

*Definitely no such thing as hereditary CIDP. Coincidences do happen of course but in 40 years of practice I have never seen 2 members of a family with CIDP. There are hereditary neuropathies that masquerade as CIDP and I would be looking hard for that. The main one is called HNPP and I have seen a dozen or so patients with HNPP who were being treated as CIDP including one who was in a clinical trial for CIDP. CMT can also look like CIDP, particularly CMT-X but less often CMT-1 as well.*



# PSYCHOLOGICAL ISSUES IN GBS

PENNY SENDER  
(REHAB PLUS)  
09/5/2015

Penny Sender is a Clinical Psychologist and member of our Medical Advisory Board.

She gave a very enlightening and entertaining presentation at the Conference.

These few slides give a brief overview of that presentation.

## PSYCHOLOGICAL ISSUES IN GBS

- Rehab Plus is a 2-ward, 28-bed stand alone rehabilitation hospital serving the Auckland Region.
- Mostly admitted after acute care, when medically stable.
- 16-65yr (older if working).
- All conditions: stroke, MS, GBS, any other neurological condition, amputations, multi-trauma, reconditioning (cancer, multi-organ failure, etc)
- I have worked there 2006-present
- 10-20 GBS patients in that time, at the severe end.

## PSYCHOLOGICAL ISSUES IN GBS

- Nothing unique
- Emotional reaction as to any other sudden, profound loss of physical autonomy, e.g. stroke, tumor, MS
- There are differences:
  - onset is progressive
  - cognition is unclouded
  - long-term recovery generally better

## PSYCHOLOGICAL ISSUES IN GBS

- Shock
- Fear
- Grief
- Frustration
- Immense life disruption
- Pain
- ICU Experiences

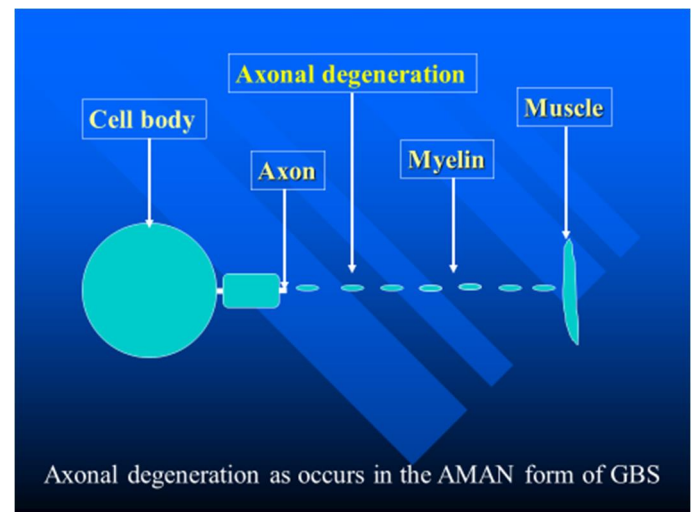
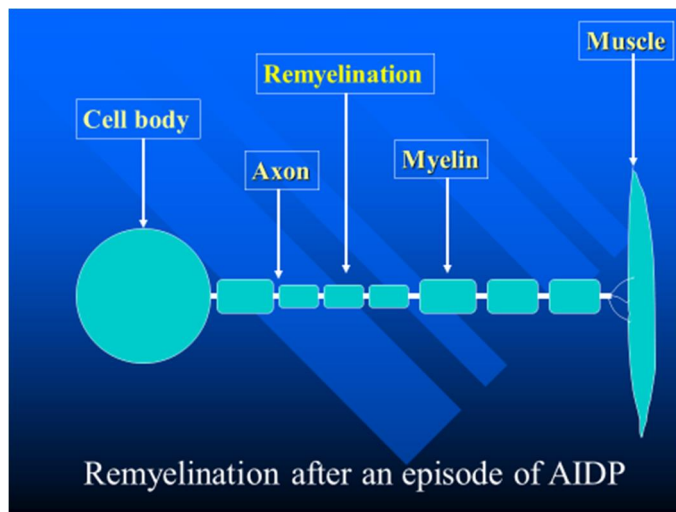
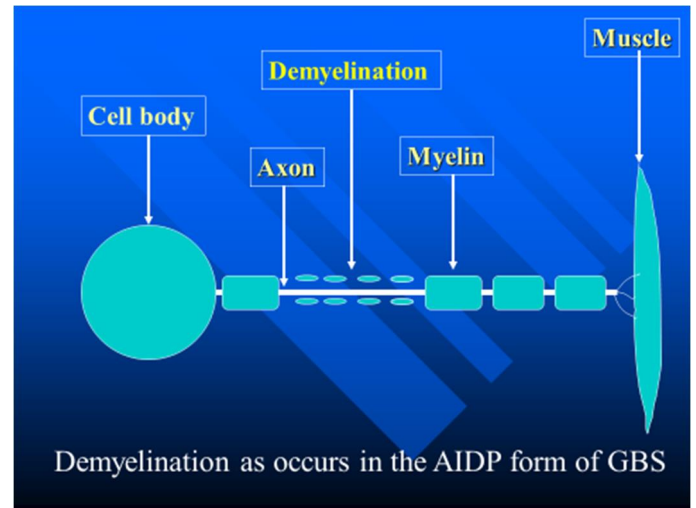
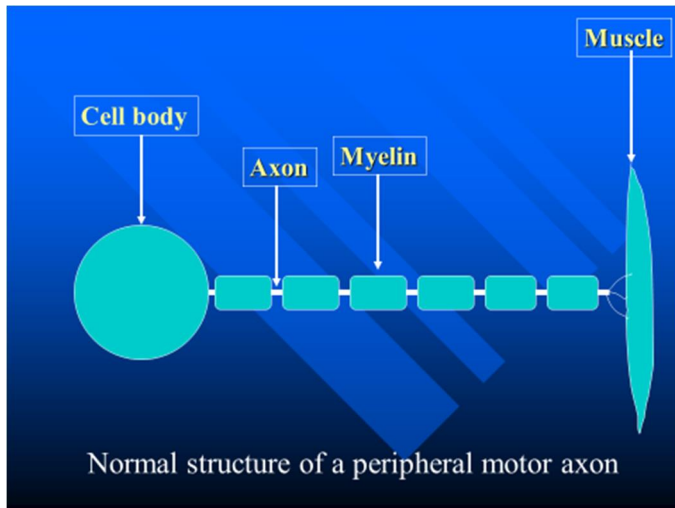
## PSYCHOLOGICAL ISSUES IN GBS

- Personality
  - "Type A"?
  - Pros and cons
- Family reactions
  - Similar to patient's but without the physical pain
  - Less intense
  - More Life Disruption as they have to function in hospital & outside worlds

## PSYCHOLOGICAL ISSUES IN GBS

- My job:
  - Emotional support through a difficult but temporary state
  - Information about what's happening; knowledge is power/control (physiology of illness & recovery)
  - Reassurance, encouragement & normalization
  - Balancing effort & rest
  - Encouragement to comply with/tolerate treatments that maximize recovery
  - Offer support & education to family as required
- Visit from a survivor

# Dr Gareth Parry's Conference Presentation on Vaccinations



## Guillain-Barre Syndrome Following Vaccination in the National Influenza Immunization Program US, 1976-1977

Schonberger LB et al. Am J Epidemiology 1979

- Nationwide Surveillance for GBS initiated
- National influenza immunization program suspended on December 16, 1976
- Surveillance uncovered 1098 patients with GBS from October 1 1976 to January 31, 1977 in 50 states, DC and Puerto Rico
- 532 patients: recent A/ New Jersey influenza vaccination
- 15 patients vaccinated after onset GBS
- Vaccinated group: increased GBS rate in all adult categories
- Risk for population: 9.5 cases per million, within 6 weeks of vaccination
- In unvaccinated group: attack rate 0.79 per 1,000,000
- Greatest risk for GBS within 5 weeks after vaccination.

# Dr Gareth Parry's Conference Presentation on Vaccinations

**Table 2, GBS after Influenza **immunization****

**Lehrman et al. lancet ID Sept 2010 (10 reports)**

Author	Year	Study Design	Vaccine	Outcome
Schonberger	1976-77	Nationwide Surveillance	H1N1 1976	9.5 additional cases/1M
Hurwitz et al	1978-79	Nationwide Surveillance	H3N2, H1N1, Hong Kong	No Increases GBS
Kaplan et al.	1979-80, 1980-81	Nationwide Surveillance	H3N2, H1N1 Bangkok	No Increases GBS
Roscelli et al.	1980-88	US Army health database	Various	No Increases GBS
Haber et al.	1990-2003	Nationwide passive surveillance	Various	Decrease GBS after vaccine
Stowe et al.	1990-2005	Primary care database	Various	No Increases GBS
Hughes et al.	1992-2000	Primary care database	Various	No to minimally increase GBS
Juurlink et al.	1992-2004	Health Ins. database	Various	Increased RI of GBS no increase hosp
Vellozzi et al	1990-2005	Nationwide Surveillance	Various	No Increases GBS
Lasky et al.	1992-1994	Hosp. Discharges, telephone interview	Various	1 additional case/1M

**Table 1, GBS after Influenza **infection****  
**Lehrman et al. lancet ID Sept 2010**

	Vaccination Seasons	Study Location	Study Design	Outcome, Conclusions
Sivadon-Tardy et al. <sup>76</sup>	1996-2004	Paris	Time –series, single centre, reports of influenza-like illness	10(14%) of 73 GBS pts had serologic influ A, 4 (5%) of 73 influB
Tam et al. <sup>8</sup>	1991-2001	UK	Time- control study, data from the UK General practice Research Database	18 fold increased risk of GBS after influenza-like illness
Stowe et al. <sup>7</sup>	1990-2005	UK	Self -controlled case series, primary care database	Increased Relative Incidence GBS within 90 days of flu-illness

# Dr Gareth Parry's Conference Presentation on Vaccinations

## 2010 Surveillance for GBS

- 0.8 excess cases of GBS per 1 M vaccinations
- Safety profile comparable to trivalent seasonal influenza vaccine
- Interpretation: complicated by high proportion of antecedent illnesses.
- 1976 swine flu: excess 9.5 cases per 1 M vaccinations

## Recurrences after Vaccinations in GBS/CIDP

Kuitwaard et al. J Periph Nerve Sys 2009

- Questionnaire Study, for vaccinations
- 245 GBS, 76 CIDP patients surveyed
- None of 106 GBS patients had recurrence after vaccine.
- 5 of 24 CIDP patients had increased symptoms after vaccine but no objective evidence of recurrence.
- Conclusion: Flu vaccinations seem relatively safe for patients with GBS and CIDP.

## Flu Vaccination Guidelines

### GBS/CIDP Foundation International

- Anyone who has a history of GBS and is in a higher risk group, including the elderly and those with serious illnesses, should consider getting vaccinated
- If a patient's GBS episode was associated with influenza vaccine, be aware there may be risk of a repeated episode
- Patients who have recently had GBS within 3-6 months should be cautious when considering a vaccine
- In all cases, the decision as to whether or not GBS patients should be vaccinated is always a joint decision between patient and physician.

## CDC Recommendations 2014-2015 Flu Season

### Who Should Be Vaccinated?

- Everyone who is at least 6 months of age
- People who are at high risk of developing serious complications like pneumonia if they contract the flu. This includes:
  - People who have certain medical conditions including asthma, diabetes, CRF and chronic lung disease.
  - Pregnant women.
  - People 65 years and older
- People who live with or care for others who are high risk of developing serious complications. This includes:
  - household contacts and caregivers of people with certain medical conditions including asthma, diabetes, and chronic lung disease.

## CDC Recommendations for 2014-2015 Flu Season

### Who Should Not Be Vaccinated?

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination.
- Children younger than 6 months of age (influenza vaccine is not approved for this age group), and
- People who have a current moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated.)
- People with a history of Guillain-Barré Syndrome that occurred after receiving influenza vaccine and who are not at risk for severe illness from influenza should generally not receive vaccine. Tell your doctor if you ever had Guillain-Barré Syndrome. Your doctor will help you decide whether the vaccine is recommended for you.

## Morbidity/Mortality

### Influenza/Influenza-like Illnesses

- 2009 H1N1 and seasonal flu vaccine date
- Hospitalization rate: 222 patients per 1 million
- Death rate: 9.7 per 1 million
- Slight increased risk for GBS
- Vaccination: most effective method to prevent serious illness/death from influenza infection



## BOP/WAIKATO COFFEE GROUP MEETING



We are trying something different in February. We are combining our lunch gathering with a cycle ride for those that wish to work up an appetite. Local cyclists Barry and Judy have discovered a very flat cycle way we can do starting from the 360 Café just south of Te Puke. This is very suitable for trikes as the path is wide and sealed. The idea is for those who wish to cycle to meet there at 10am go for a wee ride then join the non-cyclists for lunch. We have had to make this a Tuesday as the Café is too busy on our normal day of choice, Friday. Please let me know if you would like to attend as we will have to confirm numbers with the Café. Maybe some folks from the Rotorua/Whakatane areas might like to join us for lunch?? Lycra not required.

I would also like to thank all the members who have come along and supported this group. I believe the friendship and camaraderie that is so evident has all helped us with our GBS journey. I look forward to seeing everyone during 2016.



### *A small pre-Christmas get together*

**Left:** Barry and Judy Deed, John and Sue Dixon

**Middle:** Chris Hewlett, Jan Gribble

**Right:** Fran and Grant McKay, Jan and Ken Ardern



## ANNUAL SUBS NOW DUE

Attached to this newsletter is your annual subs renewal form. Please complete and send to the Treasurer Peter Scott.

The group relies on your continuing support through this subscription to produce CD's, pamphlets, run conferences and offer ongoing support to GBS sufferers.

Your continued support is very much appreciated.



# NOTICEBOARD

***Live in Auckland?  
Want to meet other GBS'ers?  
This could be the answer:-***

Any Auckland area members and supporters who would be interested in forming an "Auckland Coffee and Chat" group to get together fairly regularly and swap experiences and ideas"

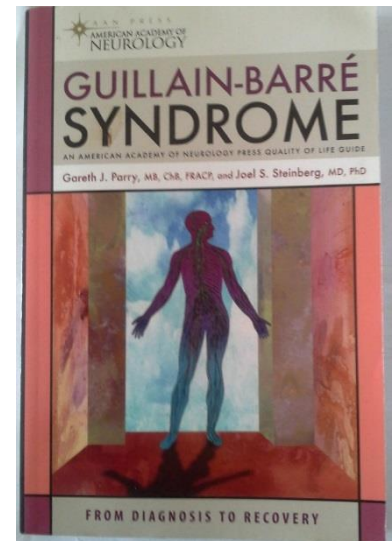
Please contact Grant and Sharon Dixon  
09 4731128  
[sharondixon@orcon.net.nz](mailto:sharondixon@orcon.net.nz)

## What's Your Story ?

Urgently needed are your stories to publish in your magazine.

Please take the time to write about your GBS/CIDP (and or other Variants) and post or email to me – your editor. Details on the front of the newsletter.

Bob Stothart is happy to assist anybody to write their story. Contact him by [email](mailto:email):  
[stothart@ihug.co.nz](mailto:stothart@ihug.co.nz)



We have copies of this book in stock again. Contact Tony Pearson for your copy. Just \$25

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## WAIKATO/BAY OF PLENTY COFFEE GROUP February 2016



**Where:** Kiwi360 Café  
34 Young Road, Paengaroa

<http://www.kiwi360.com>

**When:** Tuesday 9<sup>th</sup> February

**Time:**

**Cyclists** 10am

**Lunch goers** 11 am onwards

***See you there.  
Everybody welcome.***

## PUBLICITY OFFICER WANTED

We are looking for someone who would like to take on this role.

If you think you have what it takes please contact:

Ken Daniels: [espin.karori@xtra.co.nz](mailto:espin.karori@xtra.co.nz)

Or

Tony Pearson: [tonypearson@xtra.co.nz](mailto:tonypearson@xtra.co.nz)



# Guillain Barré Syndrome Support Group Trust N.Z.

Registered Charity No CC20639 [www.gbsnz.org.nz](http://www.gbsnz.org.nz)

## INVOICE

### 2015-2016 MEMBERSHIP ANNUAL SUBSCRIPTION

Subscriptions for membership of the Group for the financial year commencing on 1<sup>st</sup> December 2015 are now due and your ongoing support would be appreciated to help further the important roles the Group plays in supporting new and existing sufferers of this devastating syndrome.

**Please detach the bottom section of this page, complete the information requested and send with your remittance to the address detailed below.**

#### Subscription Rates

Single Annual \$15.00

Single Life \$150.00

*Subscriptions can be paid Direct Credit the Group's Bank Account  
Taranaki Savings Bank (TSB) Moturoa Branch New Plymouth  
Bank Account No: - 15 3949 0339362 00*

***Be sure to reference your name on the transfer***

You can also now receive the Group's Newsletter by e-mail (thus helping us with the cost of stationery and postage) if you would like to take up this option and have not already notified our Editor Chris Hewlett please e-mail her at ([chrispy57@gmail.com](mailto:chrispy57@gmail.com)) or add your e-mail details below and we will arrange for this to happen.

**Thank you on behalf of the Board of Trustees.**

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**Please detach and post this remittance advice with your subscription to:-  
Peter Scott PO Box 4162 Palmerston North 4442**

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SUBSCRIPTION(s) PAID .....

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TOTAL =====



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