

Old is Good???

I am a Seenager. (Senior teenager)
I have everything that I wanted as a teenager, only 60 years later.
I don't have to go to school or work.
I get an allowance every month.
I have my own pad.
I don't have a curfew.
I have a driver's license and my own car.
I have ID that gets me into bars and the whisky store.
The people I hang around with are not scared of getting pregnant.
And I don't have acne.

Life is Good!

Also, you will feel much more intelligent after reading this.

Brains of older people are slow because they know so much. People do not decline mentally with age, it just takes them longer to recall facts because they have more information in their brains, scientists believe.

Much like a computer struggles as the hard drive gets full, so too, do humans take longer to access information when their brains are full.

Researchers say this slowing down process is not the same as cognitive decline. The human brain works slower in old age, said Dr. Michael Ramscar, but only because we have stored more information over time. The brains of older people do not get weak. On the contrary, they simply know more.

Also, older people often go to another room to get something and when they get there, they stand there wondering what they came for. It is NOT a memory problem, it is nature's way of making older people do more exercise.

SO THERE!!



ROTARY 2015-2016

SEMINOLE
SMOKE
SIGNALS

Club Number 4289



June 29, 2016

PRAYER FOR TODAY : Help us, God, to use the gifts you have given us to do your will. Amen

**PROGRAM THIS WEEK: 2016-2017 Installation of
Officers/Board members
Anthony Degina, CEO, Largo Medical Center**

**PROGRAM LAST WEEK: Caryn Baird, Tampa Bay Times
“Vetting Your Own Story”**

PROGRAM NEXT WEEK: To Be Announced

**PROGRAM NEXT WEEK: 2016-2017 Installation of
Officers/Board members**

Rotary Club of Seminole Officers 2015-2016:

President	Tim Ingold	Sergeant at Arms	Jim Woodworth
President Elect	Bob Matthews	Bulletin Editor	Jeff Graves/Ruth Berry
Secretary	Lorie Whitney	Past President	Gerry Miller
Treasurer	Mike McQuilkin		
District 6950 Website - www.rotary6950.org			
Website - www.seminolerotary.org			
Rotary Club of Seminole P.O. Box 3313 • Seminole, FL 33775-3313			

Anthony Degina, CEO, Largo Medical Center

What you don't know about the campaign to end polio

When was the last time there was polio in Europe? If you guessed 2002, the year the region was certified polio-free, you were wrong. The last time polio affected a child in Europe was last summer. In 2015, two Ukrainian children were diagnosed with paralytic polio, and, given the way the disease manifests itself, that means many more were likely infected and didn't show symptoms. At least one Western news outlet deemed the outbreak "crazy" – but the reality is that no place on earth is safe from polio until the disease is eradicated everywhere.



Ukraine had fully vaccinated only 50 percent of its children against polio, and low immunization rates are a recipe for an outbreak. In this case, a rare mutation in the weakened strain used in the oral polio vaccine was able to spread because so many children had not been vaccinated. To stop it from progressing, the country needed to administer 5 million to 6 million vaccines through an emergency program. But as recently as March, Ukraine's ability to do so remained in question.

Finding the occasional case of polio outside Afghanistan and Pakistan, the only countries that have yet to eradicate it, is not unusual. In 2014, just before the World Cup brought travelers from all over the planet to Brazil, the country identified poliovirus in the sewage system at São Paulo's Viracopos International Airport. Using genetic testing, officials traced its origin to Equatorial Guinea. Brazil's regular vaccination efforts kept the disease from showing up beyond the airport doors.

Those are frustrating examples for the thousands of people around the world working to eradicate polio. The fight has come a long way, but it is far from over. And while many involved in the effort say we may detect the final naturally occurring case of polio this year, getting to that point – and ensuring that the disease remains gone – will continue to require money, hard work, and the support of Rotarians around the world.

Finding polio

One of the most important aspects of the fight to eradicate polio is detecting where the disease is present. This continuous surveillance is complicated and costly. Ninety percent of people infected with the virus show no symptoms, and those who do usually have mild symptoms such as fever, fatigue, and headaches. Only one in every 200 cases of the illness results in paralysis, which means that for every child with signs of paralysis, several hundred are carrying the disease and may not show it.

But not every case of paralysis is caused by polio. Other viruses that can be responsible for the polio-like symptoms known as acute flaccid paralysis include Japanese encephalitis, West Nile, Guillain-Barré, and Zika. To determine if a patient has polio, doctors must collect a stool specimen and send it to a lab for testing.

To find the patients who don't present symptoms or don't make it to a clinic, Rotary and its partners in the Global Polio Eradication Initiative (GPEI) – the World Health Organization, the U.S. Centers for Disease Control and Prevention, UNICEF, and the Bill & Melinda Gates Foundation – have set up environmental sampling in the areas that are most susceptible to the disease. Fifteen to 20 countries are still at high risk despite having eradicated the illness. Because the poliovirus is most easily detected, and most easily contracted, through stool, researchers take samples from sewage systems and, in places that don't have sewer infrastructure, from rivers and open gutters.

GPEI has developed a network of 145 laboratories around the world that can identify the disease, and Rotary has played a leading role in supporting these facilities. But regular environmental surveillance is "logistically not so easy to do and it's relatively expensive. It adds a considerable burden to the labs to process the sewage samples," says Stephen Cochi, senior adviser to the director, Global Immunization Division, at the CDC. "It costs real money to keep that network operational, and this lab network is the most highly sophisticated, state-of-the-art infectious-disease network in the world. Rotarians should be proud of that – it's the No. 1 network, bar none.

As part of this system of labs, Rotary has helped fund smaller, more sophisticated local laboratories that are trying to keep track of the complicated genetic variations of the disease. These labs genetically test the poliovirus to follow how it changes as it spreads. All viruses mutate to confuse the human immune system, but the poliovirus is notorious for doing so at a rapid rate. This makes it easier to track the virus's genetic changes, though the process, vital to the eradication effort, is expensive and will need continued funding. It was these specialized laboratories that allowed Brazilian authorities to trace the virus they found at their airport to Equatorial Guinea.

Each virus has a fingerprint," says Cochi, and that is an essential tool for monitoring how the virus is moving around the world.

Vigilance is key to successful surveillance, says Michel Zaffran, director of polio eradication at WHO. "We need to go and investigate a case of paralysis, take specimens, and analyze it. This level of vigilance needs to continue in all of the places that no longer have polio to make sure we are really without polio. This is a hidden cost to the program that people don't realize is absolutely necessary to maintain."