WRITING A DISEASE’S MEMOIR

Writing Focus: Nonfiction Narrative

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WHY THIS TOPIC?

On January 7, 2015, Disneyland officials warned the public that a person infected with measles had visited the park during the second week of December 2014. By early January 2015, nine confirmed cases of measles had been reported. Three months later, the outbreak had sickened 147 people, mostly in California but also in Utah, Colorado, Arizona, Nebraska, Oregon, Washington, and Mexico. Luckily, no one died. Most of the people infected had not been immunized.

Before this outbreak, few people in the United States thought much about measles anymore. Before 1963, when the first measles vaccine was licensed for use, everybody got measles; it was a childhood rite of passage. Thanks to vaccination, by 1981 measles was a disease relegated to history, regarded as extinct. Yet here it was again, fully virulent, ready to wage war on the unvaccinated and those with weakened immunity. Besides measles, what are some of the other forgotten diseases that are just waiting in the wings for a comeback? It doesn’t take much to figure out the answer. Take a look at your state’s list of required childhood vaccinations and ask: How is this disease spread? What are the symptoms? What are the lingering, possibly permanent effects of the illness? If you can’t answer those questions, it’s likely because you haven’t had to. So far, our herd immunity is intact, thanks to vaccination requirements. But just to give you a taste of what life was like when these diseases had free rein to take us hostage, we’ve included a text set that explores two particularly frightening diseases that we seldom think of now: diphtheria and polio. Like measles, these diseases exist silently, waiting to uncover a chink in our herd immunity armor.

TIME ➤
Reading/Discussion One period
Writing One to two class periods, depending on whether students revise and how you choose to have students share their pieces

GROUPINGS ➤
Reading/Discussion Whole class, pairs, individuals
Writing Whole class, small groups, pairs, individuals

LESSONS USED ➤ The following lessons were used in the construction of this text set:
• Lesson 6: Card Talk
• Lesson 22: Point-of-View Annotation
• Lesson 30: Charting the Author’s Purpose
• Lesson 32: See/Think/Wonder: Digging Deeper into an Image

WHEN TO USE ➤ This lesson teaches students how to investigate a topic using multiple texts, discuss the information with other readers, and then write about the research in an explanatory and persuasive way that will entertain and inform readers.

For more information about this Heinemann resource, visit http://heinemann.com/products/E07767.aspx
**Reading/Discussion Preparation**

1. Research and make a projectable list of the required immunizations for your state. In some cases you will need to translate from vaccine abbreviations to the common disease name. Here are a few examples:
   - Varicella: chickenpox
   - DTaP: diphtheria, tetanus, pertussis
   - MMR: measles, mumps, rubella

2. Optional image search: use images to pique curiosity and extend the class discussion beyond the required immunization list. Searching on “polio” will lead to a wealth of black-and-white photos from the 1940s and ’50s when every child—and parent—lived in fear of this paralyzing disease. Also, polio is still prevalent in many less-developed countries, as evidenced by the color photographs of contemporary sufferers. Search the word “diphtheria” and you will find some really horrific photos of skin lesions (who knew?) and infected throats and tonsils. Also search these phrases: “first Iditarod” and “diphtheria antitoxin.”

3. Since partners will be splitting their disease research, half of your students will need the polio text and the other half, the diphtheria text. For ease of distribution and disease division, we recommend that you duplicate the two texts on different colors of paper.

4. Determine how seated pairs will be formed at Step 2 and standing pairs formed at Step 5. This lesson calls for disease jigsaw partners as well as quick, standing meetings for same-disease partners.

5. Each student will need a 4×6-inch index card.

**Writing Preparation**

1. Each student will need a hard copy of the anchor text: “Measles: A Dangerous Illness,” originally used in Lesson 30. If students still have their copies from the original lesson, there is no need to reduplicate this.

2. Download the lesson’s projectables:
   - “Measles: A Dangerous Illness”
   - Rereading Questions
   - Planning Questions
   - Steps for Reading, Listening, and Responding

3. Review the example of craft annotation at the end of this lesson.

4. Determine how pairs will form and later combine to make groups of four.

**Step 1** Project the required-immunization list. Pass out index cards. *This is a list of the required immunizations students must receive in this state. Take a moment to review the list. Jot down the names of the diseases you think you know something about along with some brief notes. Just use one side of the card.* Give students a minute or two to silently study the list and take some notes.
STEP 2 **Pairs share notes with each other and then with the whole class.** Turn to your partner and take a minute to share your notes. See what your partner knows about these diseases. Give pairs a minute to share. Who had a partner with some interesting knowledge about one of these diseases?

STEP 3 **Project images (optional).** Today we’re going to take a closer look at two of the diseases that are on that immunization list: polio and diphtheria. Flip your cards over and fold them in half “hamburger style” so you have two wide columns. Label the left-hand column DIPHTHERIA and the right-hand column POLIO. As I show you these images, just jot down some things you see, think, or wonder.

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<th>POLIO</th>
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Show the diphtheria images first. Afterwards, have partners discuss and compare their notes and then ask pairs to share a few discussion highlights with the rest of the class. Move on to the polio images, following the same pattern.

STEP 4 **Partners choose a disease.** Now we are ready to do some reading on these diseases. Turn to your partner and negotiate who will read about which disease. One of you will focus on diphtheria and the other will focus on polio.

STEP 5 **Pass out the text sets and explain point-of-view annotation.** Make sure pairs have one of each text set.

In a moment you’re going to do some reading on these diseases and take some notes, but you’re not going to read as yourselves! Instead, you are going to read the information from the perspective of the disease and use point-of-view annotation. You will need to stop along the way and consciously think about how your disease might be reacting to the text at that moment. Then, jot down words or phrases in the handout margins that explain those reactions. Look for information and details that your disease might find important, insulting, or infuriating. Also, from a disease’s perspective, vaccination could ultimately lead to your extinction. How do you feel about that?
As students work individually, monitor and make yourself available if they have questions or seem lost. As always, whenever students annotate, watch for notes that show explicit thinking versus general statements. If you notice the latter, swoop in for a mini-conference on annotation.

**STEP 6** Pairs reading about the same disease discuss their annotations. Time for all of you to get up and think on your feet. Grab your text sets. Everyone who read about polio, go stand on that side of the room. Diphtheria experts, come stand over here. Once you are on the correct side, quickly pair up with someone. It’s important that students form only pairs so that ample and efficient discussion can occur. If either side has an odd number, monitor so that only one trio is formed.

*I see that everyone has a partner. Now make some space between your pair and the pairs around you so that you can really concentrate on what your partner is saying.* How much space partners can make depends on your room size, but don't hesitate to aggressively monitor and direct bunched-up pairs to specific locations.

*These pairs look great!* Turn to your same-disease partner and share your annotations. Remember, you are both pretending to be the disease; all of your discussion needs to be from that point of view. Notice how your partner's reactions and annotations differed from your own. And if your partner saw anything interesting in the article or had a great “disease thought,” go ahead and add it to your own annotations.

Give students three to five minutes to talk about their articles. Observe and monitor for on-task behavior. Call a conclusion to the discussion as conversation begins to wane.

**STEP 7** Students return to their seats and their original partners. It's time to return to your seats. However, before you sit down, remember to thank your “disease partner” for the great ideas and conversation. Wait for students to return to their seats.

Keep your text sets out and get out the index cards you folded earlier. Turn back to your original partner and find out what they learned about the disease they studied. As they talk about the disease, jot down more details in that column on your card and cross out anything you now know is inaccurate. I'm going to give you about three minutes, so decide who is going to talk first. I'll call time when you need to switch.

Monitor for one student talking about the disease while the partner asks questions and takes notes.

**STEP 8** Pairs share disease “highlights” with the whole class. What do you know about polio and diphtheria that you didn't know before? Call on pairs randomly or ask for volunteers. Also, you might return to the images you viewed earlier and ask students to connect their new knowledge to those images.

For more information about this Heinemann resource, visit http://heinemann.com/products/E07767.aspx
Thanks to their earlier point-of-view annotation, students have already collected thoughtful research—and writing ideas—for their disease. Now students will gather that information into a nonfiction memoir from that disease’s perspective.

**STEP 1 Students reread the anchor text, “Measles: A Dangerous Illness.”** This text was used in Lesson 30. Before beginning the instructions, have students retrieve the piece from their binders/folders or pass out a fresh hard copy.

A while ago we read Roald Dahl’s memoir describing the unexpected death of his eldest daughter due to measles. I’d like you to take a couple of minutes to reread this text and think about some specific questions on how the author put his memoir together. Project the following list:

**Rereading Questions**
1. How does the writer move from the ordinary to the horrible?
2. What vivid words stand out to you?
3. What emotions does the writer convey?
4. What is the writer attempting to achieve? Why did Dahl write this?
5. How does the writer use specific information to persuade?
6. How did the author organize his piece?

As you reread, underline or circle text and jot down notes in the margin that answer these questions.

Circulate and monitor for note taking on author’s craft. Intervene when you notice a student only reading, not writing.

**STEP 2 Partners share their rereading notes.** Take a moment and share with your partner: What did the author intentionally do to show that measles is a dangerous disease that should be avoided at all costs?

**STEP 3 Partners share rereading highlights with the class.** Let’s talk about these questions. How did the author use his craft to achieve his storytelling and his ultimate purpose: getting children vaccinated against measles?

Call on pairs or take volunteers. As you talk about each question, switch from projecting the list and show the Roald Dahl piece so that you can point out specific text details. If you are using a document camera, invite students to bring their text copies up and explain what techniques they noticed Dahl using.

**STEP 4 Plan the writing.** Now we’re going to use Roald Dahl’s piece as a model for our own writing. However, instead of writing as a bereaved parent, you’re going to write as your disease: polio or diphtheria. Before
you begin writing, I want you to think about these questions. Project the following list:

**Planning Questions**

1. What’s a story that my disease can tell about making a victim sick?
2. How do I feel about creating this illness?
3. What do I want to persuade potential victims to do? (Consider: What human actions help this disease to thrive and spread?)
4. What information and details can I use to make this piece entertaining, informative, convincing, and persuasive?

*Look over the “Measles” memoir as well as the articles you read on diphtheria or polio.* Give students three to five minutes for quiet study. As they work, watch for engaged study, planning, and rereading. Check in with those who need redirection.

**STEP 5**

**Pairs discuss their writing plans.** *Turn to your partner and tell him or her about your writing ideas. Be sure you answer all four of the posted questions in some detail. Partners, listen carefully. If you notice a question that doesn’t get much of an answer, ask some questions that will help expand your partner’s thinking. Also, writers, if you’re stuck and need some suggestions, ask your partner what they think. Helping each other is totally okay.*

*I’m going to give you about five minutes to talk about your writing plans. I will signal you when the time is half over—then you’ll switch roles. Any questions?*

As usual, monitor for accountable talk, moving through the questions, and referring back to the texts. Don’t be afraid to do quick check-ins with pairs to see if they have any questions.

**STEP 6**

**Individuals write their disease memoirs.** *Now you are each going to write your own disease memoir. While you are working, I’ll be checking in with you, so be ready to explain your writing ideas and where you are in the piece. Also, if you have a question, don’t be afraid to ask. Remember to use the “Measles” piece as a guide for organizing your own memoir. And don’t forget to look back to your disease text set for good details and information that you can include. What questions do you have about this writing?*

*Finally, while writing, if you realize you don’t like something, just cross out or backspace, rewrite, and move on. These are “sloppy copies” that will only be shared out loud. As long as you can read what you wrote, you’ll be fine. Don’t get hung up on perfect grammar or spelling. Focus on the content.*
This step will require some active monitoring on your part. Look over shoulders, observe if the writing is flowing, and notice how kids are using their resources. Make a beeline toward writers who look stuck or are not referring to the texts. Here are some quick mini-conference questions you might use.

- What illness details are you going to use to make your story dramatic?
- What movie or TV character is most like your virus? How can you use that to show your virus's feelings and personality?
- What do you want potential victims to do after reading your memoir?

You don’t have to ask all of these questions if you see a stuck writer; probably one will suffice. The goal of this teacher-student mini-conference is just to get those few stuck writers talking and thinking.

Give students at least ten minutes for the writing. As the speediest writers finish up, encourage them to return to their pieces for revision and editing. If most students are still working after ten minutes, adding a few more minutes is fine. Give writers a two-minute warning when they need to bring their pieces to a conclusion.

**STEP 5**

Pairs form groups of four and read their memoirs aloud.

Direct each pair to join with another pair to form groups of four. Project the following guidelines as you describe the steps:

*Steps for Reading, Listening, and Responding*

1. Writer reads his or her piece aloud while other group members listen silently.
2. Listeners remember the parts they really liked (word, phrase, sentence, detail).
3. After the writer has finished reading, each group member points out something in the piece he or she really liked. Ideally, each member mentions something different.
4. After all listeners have “pointed out,” the writer thanks the audience.
5. Spend four to five minutes reading aloud and pointing out. Be sure to COMPLETELY finish listening and responding to one writer's piece before moving on to the next writer.
6. Next writer is up to read aloud and the process is repeated.

*From what I read looking over your shoulders, your diseases have some great stories to tell and some pretty strong messages for your human victims! In your groups of four, I want each writer to take a turn reading his or her disease memoir aloud. When it's your turn to share, be sure to*
read your piece authoritatively and enthusiastically. Get into your virus's character! Group audience members, it is your job to listen carefully and be ready to point out a word, phrase, sentence, or detail that you really liked. Once the writer is finished reading, go around the group and, listeners, tell the writer what you liked about the piece. Any questions? I'll keep the steps for reading, listening, and responding up on the board.

While groups present their memoirs, move around, sit in on the groups, and enjoy hearing the memoirs.

Groups will need about fifteen minutes to hear and respond to each piece. If a group finishes well ahead of the pack, direct them to go back and talk further about what made each memoir interesting so that they can remain on task until all groups have finished.

**STEP 6**

**Groups elect a member to read his/her piece aloud to the class.** It's time for the rest of the class to hear these memoirs. I wish we had time for us to hear every one of them, but we don't. So, each group will need to elect a member to read his or her piece aloud to the class.

Give groups a minute to determine their readers. Monitor discussions and jot down who's going from each group so that there's no confusion or wasted time when a group is called upon to share.

When it is time for sharing, you may have the writer stay with his group and simply stand up, or ask the entire group to come to the front of the class with the writer.

*When I call on each group, make sure your elected writer is ready to read aloud. Listeners, your job is to be a great audience. Make sure that you are quiet and attentive while writers are reading aloud. Then, when they've concluded, offer them a big round of applause.*

Memoir is another great way to combine research with imagination, particularly when students are asked to examine information from a different point of view. As you've seen in this example, stories can be written from the perspective of another human, but they can also be written from the anthropomorphized perspective of animals, diseases, and inanimate objects.

In this text set, we simplified the eventual writing process by focusing on just one alternative perspective, the disease. But once students have experienced alternative perspective memoir writing, you might invite them to brainstorm various roles for writing. In the case of this disease text set, a memoir could also have been written by the scientist who invented the vaccine, the vaccine itself, an adult disease survivor, or a parent of a child who has been stricken by this disease. How would they have reacted differently to the same information? How would their stories differ from that of the disease? What would they want readers to know?
An example of what the craft annotation for the “Measles” anchor text might look like is available with book purchase.

**WHAT MIGHT THE WRITING LOOK LIKE?**

Here’s an example of a disease’s memoir:

**Polio: My Role in Job Creation**

Hey, it’s me, Polio. Nowadays, hardly anyone knows my name, let alone what I’m capable of doing thanks to Jonas Salk and his vaccine. That’s why I thought I’d offer you a short refresher course on what I can do and—believe it or not—why you should miss me.

In case you didn’t know, I love kids! They are super easy to infect with their weak, immature immune systems. Plus, they’re the last ones to wash their hands, cover their sneezes, or remember NOT to put stuff in their mouths. I’m highly contagious and all of those are great ways for me to spread before anyone even notices. Even better, I am super sneaky and very energetic. When I get someone sick, I make it look like my victim has the flu. By the time anyone realizes it’s polio, it’s too late because I’ve already infected a bunch of other people; my victims are contagious for weeks!

And speaking of symptoms, if I do a really good job of infecting someone, I attack my victim’s central nervous system and destroy the nerves that activate the muscles. If you’re lucky, I’ll just paralyze your legs, but if you’re not lucky I’ll paralyze your lungs and either you’ll suffocate or you’ll be spending your life in an iron lung!

Remember me mentioning Jonas Salk? Think about all the businesses he closed down and jobs that were lost thanks to that vaccine. Yeah, kids nowadays aren’t walking around with crutches and leg braces, but manufacturing and fitting those medical devices employed people! Take a look at a photo of an iron lung. Imagine how many workers it took to design, assemble, and maintain those life-saving machines. Notice the nurses in the photo? Each kid in an iron lung practically needed a private nurse. I bet a lot of nurses got fired when kids stopped getting polio.

Unless you’re stupid, you’ve figured out my point: don’t get your kids vaccinated. If I pick your child for a “temporary residence,” either he’ll get really sick and perk up the economy or he’ll get mildly sick and end up with a stronger immune system. Win-win, right?
**PROFILE**

Diphtheria (pronounced dip-THEER-ee-uh) is a poisonous, toxic infector. When diphtheria strikes, its bacteria swarm and multiply in a victim’s nose and throat. The bacteria release a poison that can cause a grayish membrane to form and coat the inside of the victim's throat. The membrane can cause breathing problems. Diphtheria can also strike other parts of the body, as its poison often leads to heart and nerve problems.

**POWERS & ABILITIES**

This attacker can kill. In the 1920s, before the vaccine, up to 15,000 people in the U.S. died from diphtheria every year. And, 100,000 to 200,00 people got sick from the disease. Now that we can shield ourselves with the vaccine, fewer than 5 people get diphtheria each year.

Diphtheria is a stubborn one. If a person with diphtheria don’t get treated, they can spread the disease for up to 4 weeks.

**KNOWLEDGE HANDY**

This villain is almost always foiled by the vaccine against it. Ninety-five percent of people with up-to-date diphtheria vaccine are protected. To make the vaccine, scientists use chemicals to “inactivate” diphtheria toxin. This dead toxin is called a “toxoid.” The toxoid teaches your immune system how to fight diphtheria, but can’t make you sick.

Diphtheria vaccine is always combined with vaccines for other diseases. Often, it’s given as part of a powerful combination vaccine called “DTaP” because it protects against diphtheria, tetanus, and pertussis.

**AREA OF OPERATIONS**

In warmer climates, diphtheria launches most of its attacks in winter and spring, but attacks can happen anywhere.

**PRECAUTIONS FOR THE PUBLIC**

We have to be very careful with this poisonous attacker. The vaccine will keep a person from getting sick, but a vaccinated person can still spread the bacteria to others.

To keep this bad guy at bay, make sure your immunization is up to date. And, of course, wash hands with soap and cover up coughs and sneezes.

**PREFERRED METHOD OF ATTACK**

Diphtheria is an “air and surface” attacker. The cough or sneeze of a person who has a throat full of diphtheria bacteria releases tiny droplets into the air. If someone else breathes in that wetness, diphtheria rides in ready to start another infection. Diphtheria also loves to lie in wait on some surfaces—like in the mucus on a used tissue or on silverware that’s been in an infected person’s mouth.

**PREFERRED VICTIMS**

Children were once diphtheria’s favorite victims. But, in the U.S., so many children are now immunized that diphtheria was forced to change its plan of attack. The disease now targets adults who have not had the vaccine recently. The vaccine’s protection fades over time. So, people without “booster” dose of diphtheria vaccine are left without their best defense against diphtheria’s assault.

**CRIMINAL RECORD**

Years ago, diphtheria was a common childhood disease. And, it was a common cause of death for children and adolescents. These days, this infector hits hardest among groups of people not protected by vaccine—regardless of whether they’re children or adults.
Diphtheria and the Alaskan Iditarod

Centers for Disease Control and Prevention

A Deadly Outbreak

In the winter of 1925, a lone physician and four nurses in Nome, Alaska, faced a crisis too terrible to imagine—an outbreak of diphtheria that could kill most of the region’s population of about 10,000 people.

Diphtheria is a highly contagious upper respiratory tract illness caused by the toxin-producing bacterium *Corynebacterium diphtheriae*. The disease can be treated with an antitoxin or prevented by vaccines. However, before these medicines were available, diphtheria was commonly known as the “strangling angel of children.” Diphtheria causes the throat to become blocked with a thick, leathery coating that makes breathing very difficult. Without treatment, death by suffocation is very likely, especially for young children.

In December 1924, Nome doctor Curtis Welch watched as an outbreak started—with cases first thought to be simple sore throats or tonsillitis. In January 1925, when two children died of diphtheria, the impending crisis became clear. Dr. Welch ordered a quarantine, but diphtheria is so contagious that many people were likely already exposed and he knew more cases would appear.

Help from Miles Away

Normally, Dr. Welch would have treated infected people with diphtheria antitoxin to fight off the effects of the poison that diphtheria releases into the body. But the town’s supply of antitoxin was not enough and it had expired. Not knowing if the expired antitoxin would work or if it might actually cause harm, Dr. Welch hesitated to use it. To save lives, fresh diphtheria antitoxin was the only hope. On January 22, 1925, Dr. Welch sent dozens of telegrams pleading for help to find and deliver antitoxin. National leaders in Washington, D.C., helped to locate the closest large supply of diphtheria antitoxin—it was in Anchorage, hundreds of miles away.

The next problem was figuring out the fastest way to get the antitoxin to Nome. There were no roads or railways to Nome, air service was unavailable, and ships could not reach the town because of sea ice around Nome. The only way in was overland via the Iditarod Trail, also known as the Seward-to-Nome Mail Trail. This crisis made newspaper and radio headlines across America.
To the Rescue

After weighing all possible solutions, Alaska’s Territorial Governor Scott Bone approved a relay of the 20 best mail carrier mushers (sled dog drivers) and 150 dogs along the 674-mile Nenana-to-Nome Trail, a trip that usually took 15 to 20 days.

On January 27, one of the story’s heroes, “Wild” Bill Shannon, picked up the package of antitoxin at the nearest station that could be reached by train and began the journey. Teams of mushers traveled day and night, enduring blizzards and temperatures of 50 degrees below zero, handing off the package to fresh teams. Leonhard Seppala’s team with his lead dog, Togo, covered 91 miles—the most dangerous part of the relay—and Gunner Kaasen’s team and lead dog, Balto, finished the lifesaving race, reaching Nome on February 2. This Great Race of Mercy was completed in a record 5 days and 7 hours.

Just two weeks later, after the diphtheria antitoxin was given to the infected children, the quarantine was lifted. At least five children died during the outbreak. However, the collective efforts of hundreds of people to deliver the diphtheria antitoxin prevented the deaths of many other children in Nome and the surrounding area.

The Iditarod Today

The original “Great Race of Mercy” in 1925 occurred when dog mushers from around Alaska joined forces to carry life-saving diphtheria serum to Nome. The story of this famous event galvanized people in the United States to begin to use diphtheria vaccine—which has virtually wiped out the once dreaded disease in this country.

Since 1973, the Iditarod Trail Race has been run annually in memory of this original sled dog relay. The Alaska Immunization Program, the Iditarod Trail Committee, and other partners use the “Race to Vaccinate” to heighten awareness of the critical need for timely diphtheria immunizations for children before they are two years old.
Polio and the Vaccine (Shot) to Prevent It

Why should my child get the polio shot?
The polio shot:
- Protects your child from polio, a potentially serious disease
- Prevents your child from developing lifelong paralysis from polio

Is the polio shot safe?
Yes. The polio vaccine is very safe and effective at preventing polio. Vaccines, like any medicine, can have side effects. Most children who get the polio shot have no side effects.

What are the side effects?
When side effects do occur, they are usually mild, like temporary redness and pain at the injection site.

Do people still get polio in the United States
No, the United States has been polio free for more than 30 years, but the disease is still occurring in other parts of the world. It would only take one traveler with polio from another country to bring polio back to the United States.

What is polio?
Polio (or poliomyelitis) is a disease caused by poliovirus. It can cause lifelong paralysis (can’t move parts of the body), and it can be deadly.

What are the symptoms of poliovirus infection?
Most people who get infected with poliovirus do not have any symptoms. Some people (24 people out of 100) will have flu-like symptoms. These symptoms usually last 2 to 5 days then go away on their own.

In rare cases, poliovirus infection can be very serious. About 1 out of 100 people will have weakness or paralysis in their arms, legs, or both. This paralysis or weakness can last a lifetime.

Is it serious?
The risk of lifelong paralysis is very serious. Even children who seem to fully recover can develop new muscle pain, weakness, or paralysis as adults, 30 or 40 years later.

About 2 to 5 children out of 100 who have paralysis from polio die because the virus affects the muscles that help them breathe.

How does polio spread?
Poliovirus is very contagious. It spreads through contact with the stool of an infected person and droplets from a sneeze or cough. If you get stool or droplets from an infected person on your hands and you touch your mouth, you can get infected. Also, if you put objects, like toys, that have stool or droplets on them into your mouth, you can get infected.

An infected person may spread the virus to others immediately before, and usually 1 to 2 weeks after, developing symptoms. The virus may live in an infected person’s stool for many weeks. It can contaminate food and water when people do not wash their hands.
Rereading Questions

1. How does the writer move from the ordinary to the horrible?

2. What vivid words stand out to you?

3. What emotions does the writer convey?

4. What is the writer attempting to achieve? Why did Dahl write this?

5. How does the writer use specific information to persuade?

6. How did the author organize his piece?
Planning Questions

1. What’s a story that my disease can tell about making a victim sick?

2. How do I feel about creating this illness?

3. What do I want to persuade potential victims to do? (Consider: What human actions help this disease to thrive and spread?)

4. What information and details can I use to make this piece entertaining, informative, convincing, and persuasive?
Steps for Reading, Listening, and Responding

1. Writer reads his or her piece aloud while other group members listen silently.

2. Listeners remember the parts they really liked (word, phrase, sentence, detail).

3. After the writer has finished reading, each group member points out something in the piece he or she really liked. Ideally, each member mentions something different.

4. After all listeners have “pointed out,” the writer thanks the audience.

5. Spend four to five minutes reading aloud and pointing out. Be sure to COMPLETELY finish listening and responding to one writer’s piece before moving on to the next writer.

6. Next writer is up to read aloud and the process is repeated.