Polio Eradication Officer Job Interview Questions And Answers



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Polio Eradication Officer Interview Questions And Answers Guide.

Question - 1:

Is there a cure for polio?

Ans:

No, there is no cure for polio. Polio can only be prevented by immunization. A safe and effective vaccine exists - the oral polio vaccine (OPV). OPV is essential protection for children against polio. Given multiple times, it protects a child for life.

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Question - 2:

Is it safe to administer multiple doses of OPV to children?

Ans:

Yes, it is safe to administer multiple doses of polio vaccine to children. The vaccine is designed to be administered multiple times to ensure full protection. In the tropics, several doses of polio vaccine are required for a child to be fully protected - sometimes more than ten. This vaccine is safe for all children. Each additional dose further strengthens a child's immunity level against polio.

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Question - 3:

Why are children given oral polio vaccines?

Ans:

Polio vaccine is the only protection against polio, a paralysing disease for which there is no cure. It is essential that every child under five is immunized against polio.

Question - 4:

Why so many vaccination campaigns?

Ans:

To stop polio transmission no less than 95% of all children of Pakistan should be immunized during each campaign. To achieve this high coverage is very challenging logistically. In other words, the remaining 5% that make almost 2 million unimmunized children should be reached during consecutive campaigns in a short interval to ensure all children are covered. Furthermore, once the polio virus is detected in a certain area, an additional campaign will be carried out for that district to prevent potential outbreak of polio amongst children in the community. That is why multiple polio campaigns are done every year. No child should miss a single dose of polio vaccine! Each additional dose is an additional protection against polio

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Question - 5:

What is the Islamic guidance on polio vaccine?

Ans:

Oral polio vaccine (OPV) is safe and has been declared halal by Islamic leaders all over the world - the Grand Sheik Tantawi of Al-Azhar University, the Grand Mufti of Saudi Arabia and the Majelis Council of Ulemmas in Indonesia. Other prominent international institutions endorsing OPV include Dar al UloomDeo-Band, India; the Organization of the Islamic Conference; the International Union for Muslim Scholars (Mufti Dr. Yousuf al-Qaradawi); Imam of Masjid Al Aqsa (Bait ulMuqades) and other prominent scholars and muftis from all sects in all provinces of Pakistan. All hajjis traveling for Haj from Pakistan are now required to be vaccinated against polio. All major religious schools and sects have lent their support to polio eradication and many have issued fatwas in support.

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Question - 6:

Should a child receive OPV during polio campaigns and routine immunization?

Ans:



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Yes. Oral Polio Vaccine (OPV) is safe and effective and every extra dose means a child gets extra protection against polio. It takes multiple doses of OPV to achieve full immunity against polio. If a child has received the vaccine before, then extra doses given during the National or Sub National Immunization Days (NIDs/SNIDs) will give valuable additional immunity against polio.

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Question - 7:

Does the oral polio vaccine have any side effects?

Ans:

The oral polio vaccine is one of the safest vaccines ever developed. It is so safe it can be given to sick children and newborns. It has been used all over the world to protect children against polio, saving at least 5 million children from permanent paralysis by polio. On extremely rare occasions, the attenuated virus in oral polio vaccine can mutate and regain virulence. However, CHILDREN ARE FAR MORE AT RISK FROM POLIO THAN ANY SIDE EFFECTS FROM THE POLIO VACCINE.

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Question - 8:

Is OPV safe for sick children and newborns?

Ans:

Yes. OPV is safe to be given to sick children. In fact it is particularly critical that sick children are immunized during the campaigns, and newborn babies, because their immunity levels are lower than other children. All sick children and newborns should be immunized during the coming campaigns to give them the protection against polio that they desperately need.

Mothers and caretakers should remember that Oral Polio Vaccine (OPV) is not treatment for other childhood illnesses a child may have prior to immunization. Therefore, a mother/caretaker whose child gets polio vaccines when the child had a pre-existing illness, should take the child to the nearest health centre for proper medical care.

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Question - 9:

How does environmental surveillance help to detect polio?

Ans:

Environmental surveillance can point to ongoing circulation of the poliovirus even when no cases have been reported. Sewage samples are taken from designated sites and tested for poliovirus. This is particularly useful given that only one in 200 people infected with polio display any symptoms.

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Question - 10:

Why do some children get infected by polio even after having received multiple doses?

Ans:

Building immunity against virus is a very complex biological process. We are all different; as are organisms' reactions to medications and vaccines. Few children may acquire strong immunity after just five or six doses of the polio vaccine, while the most vulnerable children need more than ten. The immune system of underweight, malnourished and children suffering from diarrhoea responds to the polio vaccine in a different way than of healthy children. Therefore, to remain protected, all children under five years of age should receive polio vaccine every immunization round.

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Question - 11:

Why do polio vaccinators come directly to people's houses?

Ans:

Driving out polio means immunizing every child under the age of five. And for full immunity against polio, children must receive the polio vaccine multiple times. Vaccinators go house-to-house to make sure that every child gets the chance to receive the vaccine during every round of immunization campaigns - including children who may not normally be within reach of health services.

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Question - 12:

What is the Global Polio Eradication Initiative?

Ans:

In 1988, governments launched the Global Polio Eradication Initiative (GPEI) to banish polio to the history books. The initiative is a global partnership involving national governments, WHO, Rotary International, US CDC and UNICEF. Since the GPEI was founded, polio cases have fallen worldwide by over 99%. As recently as 20 years ago, 1000 children EVERY SINGLE DAY were paralysed by polio. In 2010, 1349 children were paralysed.

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Question - 13:

Who is at risk of catching polio?

Ans

Polio mainly affects children under 5 years of age.

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Question - 14:

What are the symptoms of polio?



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Ans:

Initial symptoms of polio are:

- * Fever
- * Fatigue
- * Headache
- * Vomiting
- * Stiffness in the neck
- * Pain in the limbs.

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Question - 15:

Where does wild polio virus continue to circulate today?

Ans:

There are just four countries which have never stopped polio transmission - Afghanistan, Nigeria and Pakistan. However, polio can and does spread from these countries to their neighbours and beyond. It must be remembered that POLIO ANYWHERE IS A THREAT TO CHILDREN EVERYWHERE. It does not respect borders or social class, and travels with ease.

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Question - 16:

How is polio transmitted?

Ane.

Wild poliovirus (WPV) enters the body through the mouth, in water or food that has been contaminated with faecal material from an infected person. The virus multiplies in the intestine and is excreted by the infected person in faeces, which can pass on the virus to others.

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Question - 17:

What will it take to eradicate polio?

Ans:

To stop polio we need to:

- * Engage entire societies in the effort to reach every last child
- * Make special plans to reach children from mobile and migrant populations, in conflict zones, or in remote regions
- * Strengthen routine immunization, which is the best national defence against polio
- * Improve surveillance in high-risk areas
- * Encourage governments to reach out to the poorest people with other public services
- * Continue to receive the highest level of political commitment from national governments and multiilateral institutions
- * Fill the funding gap \$590 million is still required to fund activities in 2011 and 2012.

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Question - 18:

What is polio?

Ans:

Poliomyelitis (polio) is a highly infectious disease caused by the polio virus. It invades the nervous system, and can cause paralysis or even death in a matter of hours.

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Question - 19:

Why are some industrialized countries using a different vaccine for polio than developing countries?

Ans:

Every country in the world except two (Sweden and Iceland) used oral polio vaccine (OPV) to eliminate polio and continued using OPV, usually until the late 1990s, when some switched to inactivated polio vaccine due to progress towards polio eradication (when the risk of wild poliovirus was diminished). Most countries use OPV as it has a unique ability to induce intestinal, local immunity, meaning that it can actually interrupt wild poliovirus transmission in an environment. This is not possible with IPV, an inactivated polio vaccine, which induces only very low levels of immunity to poliovirus inside the gut, and as a result provides individual protection against polio, but unlike OPV, cannot prevent the spread of wild poliovirus.

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Question - 20:

What is the Acute Flaccid Paralysis Surveillance?

Ans:

The Acute Flaccid Paralysis Surveillance system is a critical part of the protection available for families against polio. If a child suddenly shows signs of a floppy, or weak arm or leg, health authorities should be informed immediately so that a sample of the child's faeces can be taken for analysis and the child can get proper treatment. It is very important to act fast - polio is VERY infectious.

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Question - 21:

Is it realistic to expect an end to the transmission of the polio virus by the end of 2013 - as it is the clearly stated objective in Pakistan's National Emergency Action Plan 2013?

Ans:



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Polio will be eradicated from Pakistan when we can ensure access for vaccinators to every child; a secure environment where parents and vaccinators feel safe, and effective management and delivery of quality campaigns. Last year, Pakistan was on the right tract to beat the disease. The country could still be on the right track if we successfully ensure access, security and quality campaigns. This should now be our focus.

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Question - 22:

Could polio spread to other polio-free countries?

Ans:

Polio does not respect borders - any unimmunized child is at risk. For every case of paralysis there are between 200 and 1000 children infected without symptoms. So it is hard to detect polio and hard to prevent the virus from travelling. Children living in areas where immunity levels are low are particularly vulnerable. The best defence against polio importations is to eradicate the virus. Only then will all children be safe.

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Question - 23:

What about protection from other diseases?

Ans:

Along with this special effort to eradicate polio it is important that routine immunization against polio and other diseases is well established. Every year more than 5 million children are born in Pakistan. If we miss their routine vaccination against polio, measles and rubella, tetanus, pertussis and other life-threatening diseases we shall have a large cohort of children at risk that will need to be "caught up" during special campaigns that require enormous efforts. Every parent must ensure that their child's vaccination is up to date! Take your child to the nearest health site for vaccination routine vaccination

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Question - 24:

How many doses of OPV does a child need before they are protected?

Ans:

OPV needs to be administered multiple times to be fully effective. The number of doses it takes to immunize a child depends entirely on the child's health and nutritional status, and how many other viruses that child has been exposed to. Until a child is fully immunized THEY ARE STILL AT RISK FROM POLIO. This just emphasizes the need for all children to be immunized during every round of national immunization days. Every missed child is a place for the polio virus to hide.

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Question - 25:

Why is so much focus placed on polio, but not on other diseases?

Ans:

Polio is one of only a few diseases which can be completely eradicated, such as was the case with smallpox. By eradicating polio, children across the entire world will benefit, and no child need ever again know the pain of polio-paralysis. Most diseases, such as HIV and malaria for example, cannot be eradicated, because the tools to eradicate these are not available. Polio does not have an intermediate host (i.e. it does not affect animals, and the virus cannot live in animals, such as malaria for example in mosquitoes), a safe and effective vaccine is available to protect children from polio, it does not survive for extended periods of time in the environment, and while it is contagious, its infection period is relatively short.

Polio eradication activities are also strengthening routine health services. Thanks to polio eradication activities, an active disease surveillance network has been established in all countries, into which other diseases - including measles - are now being integrated. Polio eradication infrastructure is also used for the provision of other health services such as deworming tablets, vitamin A and bednets.

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Question - 26:

What are the effects of polio?

Ans:

The effects of polio are:

One in every 200 persons infected with polio leads to irreversible paralysis (usually in the legs). Among those paralysed, 5%-10% die when their breathing muscles are immobilized by the virus.

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