

Studies on the Co-infectivity of HIV and Atypical Mycobacteria in Nsukka Local Government Areas of Enugu State

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Abstract

The increasing worldwide rate of tuberculosis and nontuberculous mycobacteria (NTM) has been attributed to immunosuppression because of the Human immunodeficiency virus (HIV) plague. The lack of data on the contribution of NTM to mycobacterial infections in Africa including Nigeria has anyway been firmly connected with constrained research facility culture for its disengagement and identification. Tuberculosis (TB) is an infectious disease that primarily affects lungs causing pulmonary tuberculosis but can also affect meninges, intestine, bones, lymph nodes, skin and other tissues of the body. Worldwide, tuberculosis causes 2.9 million deaths annually (WHO, 1998). An estimated two billion persons are currently infected with *Mycobacterium tuberculosis* and other *Mycobacterium* species. The rates of increase are even greater in developing countries, primarily because of increased immigration of people from regions of high endemicity, declining socio-economic conditions in densely populated cities and the increasing number of human immunodeficiency virus (HIV) infected individuals (Szabo, 1990). The total number of tuberculosis cases on the Global is expanding and the HIV pestilence is ensnared for this this increased incidence and an expected 3,000,000 people with tuberculosis overall also have AIDS.

The relative proportions of mycobacterial species cultured from AIDS patients vary widely between geographic areas, reflecting the background prevalence of latent *M tuberculosis* infection in the local population and the frequency with which nontuberculous mycobacteria are encountered in the environment. Disseminated *M avium* complex infection predominates in most centres in North America and is more uniform in geographic distribution than is *M avium* complex lung disease unrelated to HIV. TB is more commonly recognized (and appears to be more prevalent) in many regions of the world, particularly in developing nations where the majority of persons have been infected by adulthood, and are thus at risk for reactivated disease. Mycobacterial diseases rank among the most successive and significant entanglements of AIDS. Given their protean manifestations, they should be considered in any patient with known or suspected HIV infection and unexplained fever and constitutional symptoms, with or without obvious focal lesions. The diagnosis is more easily overlooked in AIDS than in non-AIDS patients in part because of the higher frequency of atypical, extrapulmonary and 'cryptic' disseminated presentations.

Biography

Uju Marie-Esther Dibua is a Professor of Epidemiology and Public Health Microbiology in the Department of Microbiology, Faculty of Biological Sciences, University of Nigeria, Nsukka, Nigeria, with 18 years of teaching and research experience in medical, clinical, pharmaceutical Microbiology and ethnomedical research. She holds a Ph.D in Medical Microbiology (Epidemiology and Public Health Microbiology). Her contribution to science has provided insight into some response measures, prevention and control strategies. She has received several national and international awards including the esteemed Third World Academy of Science (TWAS)/ German Research Foundation (DFG) awards with numerous high impact factor journals to her credit.



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