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BIOMEDICAL SCIENCES

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ZIKA VIRUS DISEASE

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Actuality. Zika virus (ZV) is a member of the virus family Flaviviridae and the genus Flavivirus. It is spread by daytime-active Aedes mosquitoes, such as A. aegypti and A. albopictus. ZV is related to dengue, yellow fever, Japanese encephalitis, and West Nile viruses. It's name comes from the Zika Forest of Uganda, where the virus was first isolated in 1947. The virus spread eastward across the Pacific Ocean 2013–2014 Zika virus outbreaks in Oceania to French Polynesia, New Caledonia, the Cook Islands, and Easter Island, and in 2015 to Mexico, Central America, the Caribbean, and South America, where the Zika outbreak has reached pandemic levels. As of 2016, the illness cannot be prevented by medications or vaccines.

The Aim. To study methods of prevention and treatment of Zika virus disease.

Results. ZV may spread from a pregnant women to the baby. This may result in microcephaly and other severe brain problems. ZV infections in adults can result in Guillain-Barré syndrome. Common symptoms of infection with the virus include mild headaches, maculopapular rash, fever, malaise, conjunctivitis, and joint pains. Three well-documented cases of ZV were described in brief in 1954, whereas a detailed description was published in 1964; it began with a mild headache, and progressed to a maculopapular rash, fever, and back pain. Within two days, the rash started fading, and within three days, the fever resolved and only the rash remained. Thus far, Zika fever has been a relatively mild disease of limited scope, with only one in five persons developing symptoms, with no fatalities, but its true potential as a viral agent of disease is unknown. For differencial diagnosis we have to remember that the symptoms of Zika are similar to those of dengue and chikungunya, diseases spread through the same mosquitoes that transmit ZV.

Conclusion. ZV is related to yellow fever, Japanese encephalitis, and West Nile viruses. There is no vaccine to prevent or medicine to treat ZV. Recomendations: Get plenty of rest. Drink fluids to prevent dehydration. Take medicine such as acetaminophen or paracetamol to reduce fever and pain. Do not take aspirin and other non-steroidal anti-inflammatory drugs until dengue can be ruled out to reduce the risk of

bleeding. To conclude, ZV disease is a very dangerous disease today and strong prevention of it can help people to avoid it.

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CHARACTERISTICS OF MULTIDRUG-RESISTANT TUBERCULOSIS IN NIGERIA

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Introduction: Nigeria is ranked tenth recently among countries with highest burden of tuberculosis (TB) in the world, with an annual incidence of 311 cases per 100,000 population and a mortality rate of 81 per 100,000 population even with the use of Directly Observed Therapy Short Course (DOTS) Strategy. Drug sensitivity survey was conducted using automated BACTEC cultures and drug susceptibility testing (DST) of patients with features of pulmonary TB in Nigeria at the Research Laboratory of Zankli Medical Centre (ZMC) in Abuja.

The aim of our study was to investigate characteristics of Multidrug-resistant tuberculosis in Nigeria.

Materials and methods. One hundred and seventeen (males 59; females 58) patients with chronic cough were investigated during the study period Three sputum samples were collected and were examined at ZMC with automated BACTEC TB culture and susceptibility in Abuja, Nigeria, Sputum smears were prepared using Ziehl-Neelsen and the specimen considered of best quality out of the three collected was cultured on an automated BACTEC 960 Mycobacterium growth indicator tube DST was conducted using four anti-TB drugs – streptomycin, isoniazid, rifampicin and ethambutol. Cultures were incubated at 37C for up to 42 days and confirmed.

Result. 117(males 59; females 58) patients with chronic cough were investigated during the study period of these, 31 had smear-positive TB. 72 patients had positive sputum culture, although M. tuberculosis complex isolates were only confirmed in 39 of these and 4 were deemed to be contaminants, leaving 35 specimens for analysis of DST. DST was performed in 32 of the 35 isolates; 10 (31%) were resistant to at least one of the four drugs tested and 4 (13%) were resistant to the four drugs tested and were classified as multidrug resistant-TB (MDR-TB). Seven of the 19 (37%) HIV-positive and 3 of the 12 (25%)