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diphtheria outbreak in northeastern Nigeria illustrates several prevailing challenges in providing care in isolated rural areas in many developing countries. These challenges include, but are not limited to, poor vaccination coverage, weak preventable disease surveillance systems, clinicians' unfamiliarity with uncommon diseases, and limited access to medical care. But the cost of prevention is far less than the cost of arresting an epidemic once it reaches the general population to healthcare facilities.

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EPIDEMIOLOGical CHARACTERISTICS OF HIV INFECTION IN NIGERIA

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Background. Nigeria's population of 160 million and estimated HIV prevalence of 3.34% (2011) makes Nigeria the second highest HIV burden worldwide, with 3.2 million people living with HIV in 2013. In Nigeria, there are political structures for HIV control at all Government levels (Local, State and Federal) which are intended to execute comprehensive HIV control programs that include behavioural change communications and healthcare services. However, effectiveness has been limited due to poor coordination, political interference and inadequate political will as evidenced by underfunding by the government.

Aim: To study and analyze the characteristics of the epidemic process of HIV infection in Nigeria.

Materials and methods. The study employed a descriptive statistical analysis of morbidity. Content analysis of scientific publication were performed.

Results/Discussion. National ANC (Antenatal clinic) HIV prevalence rose from 1.8% (1991) to 5.8% (2001) and dropped to 4.1% (2010). Since 2001, states in the center, and south of Nigeria had higher prevalence than the rest, with Benue and Cross Rivers notable. Benue was highest in 2001 (14%), 2005 (10%), and 2010 (12.7%). Overall, eight states (21.6%) showed increased HIV prevalence while six states (16.2%) had an absolute reduction of at least 2% from 2001 to 2010. In 2010, Nigeria was estimated to have 3.19 million people living with HIV, with the general population prevalence projected to drop from 3.34% in 2011 to 3.27% in 2012. Geographic analyses revealed distinctive regional differences in the spatial pattern and intensity of HIV/AIDS infection within the country. Spatial autocorrelation analyses indicated that HIV/AIDS rates were strongly autocorrelated.

The HIV/AIDS epidemic is one of the major public health challenges faced by Nigeria. The HIV prevalence figures derived in these surveys conducted over the years are from pregnant women attending antenatal clinics, with a stabilizing prevalence of about 4% in the last three sentinel surveys. This has been used over the years as proxy for the HIV prevalence in the general population. In our examination of the HIV prevalence in Nigeria for the decade 2001 to 2010 using the 2010 ANC surveillance report and data, we found the following three key issues. First, the overall HIV prevalence in Nigeria plateaued between 4% and 5% in the second half of the decade. Second, there were important differences in the state to state comparisons, with some states maintaining a long term reduction of their HIV prevalence between 2001 and 2008 by 2010, while others showed a reversal of any gains they had made between 2001 and 2008 by 2010. Third, the number of HIV-infected people who will need care and treatment and by inference the number of Nigerians who will need prevention from being infected by HIV is expected to continue to rise.

Key affected populations and HIV in Nigeria are Sex workers, men who have sex with men and people who inject drugs These groups make up only 1% of the Nigerian population, yet account for around 23% of new HIV infections. Half of all HIV infections in Nigeria among key populations are among sex workers, their partners and their clients. 19% of male sex workers and 25% of female sex workers in Nigeria are living with HIV. This is eight times higher than the general population. Many sex workers have also been found to not use condoms when they have sex with their partners, despite 88% using condoms with their most recent client (Ankomah, A., 2011, Eluwa, G. I.,2012).

Conclusion. Examining a decade of HIV ANC surveillance in Nigeria revealed important differences in the epidemic in states that need to be examined further to reveal key drivers that can be used to target future interventions.

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MODERN PROBLEMS ON PREVENTION OF TUBERCULOSIS IN NIGERIA.

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Background: Tuberculosis (TB) has emerged as the single leading cause of death from any single infectious agent and has continued to be a major public health problem all over the world. Depending on the prevailing social factors such as socioeconomic status of the people, malnutrition, crowded living conditions, incidence of HIV/AIDS, level of development of health infrastructures, quality of available control programs, degree of drug resistance to anti-tuberculosis agents, prevalence, patterns of presentation, and outcomes of treatment from TB can vary from one country to another and from one region of a country to the other. In 2015 World Health Organization (WHO) ranked Nigeria by new TB cases to be 3-rd among the 22 highest TB burden countries in the world.

Aim: Examine ways to prevent TB at present in Nigeria and define problems reducing its efficacy.

Materials and methods: A descriptive study of secondary data from the TB control program, Ministry of Health, the National annual report on TB, and WHO TB database were performed.

Results/Discussion: In the 2015 Global TB Report, TB burden estimates, expressed in rates per 100,000 population, were 690,000 for prevalence and 630,000 for incidence. In 2014, the cases reported were about 590,000 with 245,000 deaths and in 2015 about 630.000 cases were reported with 320,000 deaths. Lagos, Kano, and Oyo have the highest TB prevalence rate. The TB burden is increased due to high HIV prevalence in the country. The age groups commonly affected by TB is within the ages of 25- 35 years. There were more males than females.

Modern approach applied in prevention are: early case findings (since 2011, the WHO recommends the Xpert MTB/RIF assay for use in the diagnosis), proper case management, healthsystems strengthening (particularly at the primary care level), providing to HIV-person preventative treatment, international standard of treatment for drug resistant form of TB.

WHO recommended community-based TB care as an effective, acceptable, affordable and cost-effective way to deliver TB Directly observed treatment short course Services (DOTS).Nigeria adopted DOTS in 1993 and implemented across the 36 States and