IgM均阴性，其中19例判为非甲非乙型，1例抗HBs阳转判为乙肝。两种IgM检测的阳性结果未发现交叉。10名HBsAg携带者中有4人以及11例慢性肝炎中有10例显示抗HBc-IgM阳性。1例慢活肝病人抗HBc-IgM于复发前一周由10^{-4}上升至10^{-6}，乙肝病人抗HBc-IgM滴度于病初即达10^{-6}。本试验灵敏度与特异性均佳；可区别近期感染和既往感染，但不能区别急性与慢性乙肝感染。早期清除HBsAg的乙肝病人及重叠感染甲型或非甲非乙型肝炎的HBsAg携带者，不能用HBsAg的指标来诊断，而只能用本试验来确定。

ABSTRACT

An enzyme-immunoassay was developed/using the IgM capture procedure with anti-μ coated polysterene microplates. No false-positive results were detected in 10 normal human sera positive for anti-HBc and 6 sera positive for RF. Among 113 acute hepatitis cases, anti-HBc IgM was detected in 42 cases, anti-HAV IgM was detected in 51 cases and they were identified as hepatitis A and B, respectively. No specific IgM to HAV or to HBcAg were detected in the other 20 cases. Nineteen of them were identified as non-A non-B with one anti-HBs conversion later considered to be hepatitis B. No cross positivity was observed between tests for the two specific IgM. In the tests, 4 out of 10 HBsAg carriers and 10 out of 11 patients with chronic hepatitis showedanti-HBc IgM. The titer of anti-HBcIgM reached 10^{-6} in the early stage of acute hepatitis B. In one case withchronic active hepatitis, the titer rised from 10^{-4} to 10^{-6} in one week, preceding the recurrence of hepatitis. The test is highly sensitive and specific. It is useful for differentiating the recent past and current hepatitis B infections from remote infection, but it can not be used in differentiating the carrier state and chronic hepatitis B from the acute one. Patients with acute hepatitis B who cleared HBsAg at an early stage, and HBsAg carriers with superimposed hepatitis A or non-A non-B infection might be misdiagnosed by the test for HBs Ag alone. The patients and carriers can be correctly defined only by the tests for specific IgM to HAV and to HBcAg.

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改良对流免疫电泳的琼脂检测乙肝表面抗原提高了阳性率

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为了增强对流免疫电泳的敏感性，我们改用鱼精蛋白琼脂，提高了阳性率。兹报告如下：

一、材料和方法：缓冲液、打孔、加样、电泳与常规法相同，唯制板有所改革：将Tris缓冲液稀释5倍，配成1%琼脂100毫升，加热溶化待冷至约50°C时加入1%鱼精蛋白5毫升，板厚同常规法。

二、结果：

1.用改良法和常规法同时检测560名献血员HBsAg携带情况，结果改良法阳性率为6.4%，常规法为4.5%。

2.RIA法HBsAg阳性血清286份，以电泳常法和改良法同时检测，结果是：两法共同阳性111份，共同阴性155份；其余的20份常规法为阴性，而改良法为阳性。两法比较有显著差异，$x^2=18.05$，$P<0.005$，两法的符合率为84.7%。

3.电泳改良、常规两法与HBsAg（RPHA法）滴度的关系比较（附表）。

附表　RPHA法检测HBsAg滴度与电泳阳性关系

HBsAg滴度	1：16	1：32	1：64	1：128	1：256
检测例数	38	36	39	44	56
常规法阳性%	0	0	28.2	95.5	100
改良法阳性%	0	22.2	71.8	100	100

从附表看出，电泳改良法较常规法显著敏感，当滴度1：64时改良法阳性率比常法高1倍以上；在1：32时，常法已测不出阳性，而改良法却测得22.2%的阳性率。