

days, None of them presented severe dehydration. Most of patients being treated with antimicrobial drugs and oral replacement of Salt solution recovered completely after three or five days.

Epidemiologic data suggested that five patients had ingested sea food and raw water within two days before the attack, but other members of their family who had also ingested the same food and water did not develop diarrhoea.

This investigation proves that there were Plesiomonas Shigelloides infection among diarrhoea patients in Hangzhou. More attention should be payed to this bacterium for further Study chiefly on the pathogenesis of the disease and its preventive measures.

**Key words** Plesiomonas shigelloides Infection Clinic Epidemiology.

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## 关于预防接种中“初种”、“复种”和“加强”概念的商榷

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鉴于在预防接种工作实践中, 总有人把第一次接种后的接种均称为“复种”, 而“复种”与“加强”又不分. 统计报表时, 把属基础免疫的第二、三次接种都计入“加强”栏内. 查了一下书刊, 用法似乎也不统一. 如钱宇平主编《流行病学》(卫生专业用)第二版; 耿贯一主编《流行病学》(医学、儿科、口腔专业用)第二版……对这几个概念的使用和解释亦不甚明确, 因此就想有统一一下的必要. 现提出以下看法, 并愿与前辈和同道商榷:

预防接种分“基础免疫”和“加强免疫”. 前者指接种后抗体上升到能预防相应传染病的水平, 即能达到预防效果; 后者指基础免疫经过一定时间后, 其抗体效价逐渐下降, 当可能降至发病的临界水平时, 适时再行接种, 使抗体效价回升, 以获得较巩固的持久的免疫力.

基础免疫, 根据生物制品种类和性质的不同, 有

的只需种一针(如麻疹疫苗和卡介苗), 即能达到基础免疫, 有的需种二次(如乙型脑炎疫苗)、三次(如脊髓灰质炎疫苗和百白破混合制剂)尚能达到. 而现在很多有关书刊上(包括大、中专教材), 把初种的第一针后, 不论是属基础免疫的第二、三针, 还是属加强免疫的接种均笼统地称为“复种”或“加强”. 笔者认为这是不妥的. 因为这样易把“基础免疫”和“加强免疫”混为一谈, 混淆了二者的概念, 不利于正确理解免疫程序和预防接种工作实施, 大有纠正之必要.

本人认为: 各种疫(菌)苗的第一次接种可谓之“初种”; 属基础免疫“初种”后的第二、三等等次接种可称为“复种”(可依次称为第一次复种、第二次复种); 而加强免疫的接种必须称为“加强”(需加强两次以上的可依次称为第一、第二……次加强).

以上仅是个人拙见, 敬请专家和同道们指教.