

per, we tried to analyze the data of HAV and HBV infection rates obtained in a cross-section study in a Navy aviation school in December 1983, using simple and reversible catalytic models. It was shown that the expected HAV prevalence rate was not significantly different from the observed HAV infection rate and the observed incidence density of HAV new infection (111.8/1000 person-year) found during follow-up period of one and-a-half years was nearly identical to the theoretical value (111.7/100 person-year). The result of reversible model fitted the HBV prevalence rate well, not significantly different from the data of the crosssection study, but the revalue was a little different from that observed in the follow-up period.

The results suggest that mathematical model is very useful in the analysis of the HAV and HBV prevalence rates in a fixed population. The catalytic model can be used to pre-

dict the average infection rates. To make the models fitting better, a long-time follow-up study or multivariable analysis is required and the formula needs further improvement.

Key words mathematical model Catalytic model HAV and HBV infection rate

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注射“百白破”制剂引起血小板减少性紫癜一例报告

浙江省仙居医院 徐特琦

浙江医科大学 徐特璋

患儿杨××，女，四个月，浙江仙居人。1988年2月26日下午二时注射第一针“百白破”三联制剂，五时左右发现精神不振，夜间睡眠不安。次日纳差，尿量减少伴烦躁不安。48小时后发现患儿脸部有数个针尖大小出血点，无发热、无呕吐及抽搐等。发病第四天脸部出血点增加，来院诊治。见全身皮肤粘膜均有散在出血点，心、肺听诊无殊，腹软、肝脾肋下未触及。查血小板：4万/mm³，出血时间为5分钟，凝血时间为3分钟。血色素8.6g%，红细胞301万/mm³，白细胞4060/mm³，中性36%，淋巴60%，嗜酸性4%。诊断特发性血小板减少性紫癜入院。入院后出血点有增多趋势，且口腔粘膜亦见有片状紫癜。查大便隐血(+)。鉴于病情进展快，于当晚静脉输母血（母女均为“B”型）50ml，给地塞米松、青霉素，止血敏，维生素C静脉滴注，次日血小板上升到8万/mm³，血色素10.3g%，红细胞359万/mm³，白细胞

10 000/mm³，中性44%，淋巴54%，单核2%。尿常规：尿蛋白(±)，红细胞1~2个/每高倍视野，白细胞1~2个/每高倍视野。以后二次复查血小板分别为10万/mm³，16万/mm³。经激素、抗炎、支持对症等治疗，皮肤粘膜出血点逐渐隐退，经七天治疗，血小板上升到24万/mm³，尿、大便正常，于三月八日出院。出院后一周随访，血小板上升到28.5万/mm³。

“百白破”三联制剂（第一针）接种引起特发性血小板减少性紫癜并不多见。1981~1982年上海所在山东省微山县初种“百白破”时发现过二例类似病例。但有过敏史。本例系出生四个月女孩，从未患过任何疾病，无过敏史，无紫癜史，亦未曾服过任何药及打过任何针（包括预防接种）。第一次接种“百白破”就发生此情况，实属罕见。作者认为应属于细胞毒型超敏反应。特此报告。