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A case-control study of preterm delivery was undertaken at the district of Qiaokou in Wuhan during October, 1987 to May, 1988. The study population consisted of 130 mothers of singleton preterm infants and 260 mothers of singleton term infants. The result of logistic regression analysis showed that significant factors of preterm delivery included low maternal stature, the young age of menarche, a previous induced abortion, a history of infertility problems, vaginal bleeding during the pregnancy, low weight gain during the pregnancy, premature rupture of membrances, hyperemesis gravidarum, and lack of antenatal care. The result also showed that psychosocial stress in pregnancy might be related to preterm delivery.

Key words Premature infant Logistic regression Perinatal epidemiology

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不同月龄婴幼儿接种A群流脑多糖菌苗后的血清学效果

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为了解不同月龄婴幼儿对流脑多糖菌苗的免疫应答，1986年在上海市区选择217名6～24月龄婴幼儿随机双盲分为接种菌苗一针组与二针组；另外273名7岁儿童分别接种同样剂量或磷酸缓冲盐水作为对照。采用全国流脑会议统一方法测定杀菌抗体。

结果表明，150名13～24月龄幼儿较57名6～12月龄婴儿其免疫效果有显著差异。各组免前抗体水平相似（P＞0.05），经多糖菌苗免疫（一针或二针）后，13～24月龄幼儿杀菌抗体GMT及阳转率均明显高于6～12月龄婴儿（P＜0.05），虽然婴幼儿对多糖菌苗免疫应答较差，免疫效果不及7岁儿童，但13～24月龄幼儿基免一针后，其杀菌抗体GMT（9.04）接近7岁儿童的1/2，基免二针后其GMT（15.71）相当于7岁儿童的2/3，基免二针明显为高。加强免疫后，13～24月龄（一针组及二针组）其GMT为21.36～25.22，达到或接近7岁儿童免后水平，而6～12月龄婴儿即使加强一针，杀菌抗体GMT（11.76～13.45）也只及7岁儿童免后水平的1/2。

由此可见，13～24月龄幼儿接种A群流脑多糖菌苗后，其免疫效果优于6～12月龄婴儿，基免二针更为明显。鉴于近年流脑发病年龄下降，建议在预测可能有流脑发生的年份，应考虑对13～24月龄的幼儿接种1～2针多糖菌苗，次年再行加强。

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