

again. Ninety percent of these patients with HB developed liver cirrhosis (LC). Subsequently they developed into PHC.

2. HBV markers were positive over a long period of observation. During the phases of LC and PHC, the rates of positive anti-HBe were 23.5% and 54.5%, respectively ($P < 0.05$). Comparing with anti-HBe, the rate of positive HBeAg was lower.

3. During the phase of HB, 21.0% of these patients had elevated α FP (mean titer 80.0 ng/ml). During the phase of PHC, 65.8% of the patients had abnormal α FP (mean titer 635.9 ng/ml) ($P < 0.01$).

Sustained high level of γ -GT and the ratio of γ -GT/ALT higher than 1.5 were dangerous signals ($P < 0.05$).

The level of ALP in these patients with HB was below 170 u/L. But 50% of them had high level of ALP when they developed into

PHC.

During the phase of LC these patients were detected regularly with ultrasonic waves.

Key words HBV Liver neoplasms

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德都县、五大连池市124例麻疹抗体水平调查分析

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为掌握人群麻疹抗体水平, 评价计划免疫的工作质量, 使今后的工作有的放矢。于1992年对德都县、五大连池市部分不同年龄组人群随机抽取麻疹疫苗接种史的血清标本124人份。

一、结果: 1. 不同年龄组麻疹抗体及GMT分布: 阳性85人, 阳性率68%, GMT为1: 9.57。其中8个月年龄组GMT15.36为最高, 各年龄组间经统计学处理: $\chi^2 = 38.34$ 、 $\chi^2_{0.005(5)} = 16.75$ 、 $\chi^2 > 16.75$, 故 $P < 0.005$ 。各年龄组间抗体差别有显著性。

2. 不同年龄组性别HI抗体分布有显著性差异: 男性测定60人, 阳性49人, 阳性率81%, GMT8.83; 女性测定64人, 阳性36人, 阳性率56%, GMT9.89。经统计学处理: $\chi^2 = 154.6$ 、 $\chi^2 > 7.88$, 故 $P < 0.005$ 。男性高于女性。

二、讨论: 通过调查分析说明德都、五大连池市

麻疹免疫状况较好, 同时提出, 我们不能忽视大年龄组的免疫接种, 要继续认真搞好麻疹疫苗的计划免疫。本次测定结果8月龄、3岁年龄组抗体水平较高, GMT分别为15.36、14.11, 保护率68%。而6、13岁年龄组较低, GMT分别是7.99、7.1。调查表明: 3岁与13岁年龄组的再免是很有必要。预测德都、五大连池完全可以在小年龄组控制麻疹的爆发和流行, 并提出随着年龄增大, 麻疹Ab水平逐渐下降。要加强大年龄组的接种工作。自从实施麻疹免疫规划以来, 麻疹发病的平均年龄已升高, 如果忽视了对大年龄组的加强免疫, 一旦有传染源传入, 首先可能在大年龄组中引起流行。因此, 大年龄组的加强免疫是非常必要的。

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