lyzed by logistic regression model.

The multiple logistic regression model results showed that HPV 16/18 infection was an important risk factor, the infection rate was significantly higher in the group of cervical cancer, the OR was 31.96. Other risk factors were the educational level and the number of birth, the OR were 0.57 and 1.85, respectively. The difference of HSV-2 infection of cervix and HCMV-IgM in serum was not significant between the two groups.

Key words Cervical cancer Human papillomavirus Herpes simplex virus type 2 Human cytomegalovirus hominis Dot blot hybridization

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(收稿：1993-01-28 修回：1993-05-14)

不同剂量乙型肝炎基因工程疫苗免疫效果观察

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1991年6月，我们在广州地区对几所小学及幼儿园157名儿童进行重组痘苗病毒乙型肝炎基因工程疫苗接种试验，现总结报道如下。

本次全程免后1及4个月抽血检查抗-HBs，5μg组阳转率分别为98.8%和95.1%，GMT 123.6IU/L和158.5IU/L；10μg组阳转率免后两次均为100%，GMT 158.5IU/L和234.4IU/L。两组比较，有显著性差异（$t=2.263$，$0.05>P>0.01$；$t=3.638$，$P<0.01$）；5μg组两次结果无显著性差异（$t=1.939$，$P>0.05$）；而10μg组两次结果具有非常显著性差异（$t=4.058$，$P<0.01$）。

我们作为全国多个实验点之一进行的临床免疫效果观察，未见有任何异常副反应。免疫效果与开封的乙型肝炎基因工程疫苗初试及本批疫苗的山西结果大致在相同水平上。常规推荐是10μg剂量，0、1、6月接种方案。本实验两种剂量按0、1、2月接种后采血，抗体阳转率和GMT均达到免疫效果，但是三针免后4个月两组剂量比较，5μg组的GMT值低得多，一般认为抗体水平≥10IU/L具有保护作用，而全程接种后一个月的抗-HBs水平的高低与保护期长短密切相关。广州是乙型肝炎高发区，从保护效果看，我们认为使用10μg剂量较好，不宜再降低。

(收稿：1992-10-27 修回：1992-12-14)

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