

异常以前^[12]。有人观察到^[1]，这种抗体于黄疸后1周内出现，一周后达高峰，继之逐步下降，于发病后第60~80天，血清中尚能检出低滴度抗体，但在黄疸出现后115天已消失。我们的结果也显示，黄疸出现后IgM抗-HAV即已达高峰，并迅速降低，多数患者在黄疸后4个月内转阴，有个别直至黄疸后6个月才转阴者。

由于本实验系统采用抗原包被抗体，血清中特异性IgG抗体将与IgM抗体竞争抗原结合点，当IgG抗体浓度高时，就会影响IgM的检出，从而降低本实验的灵敏度，并可能出现假阴性反应。

为避免RF对ELISA检测IgM抗-HAV的干扰，本文血清标本除采用脐血作为稀释剂外，并将血清作高倍稀释(1:1,000)。18份RF阳性血清IgM抗-HAV全为阴性，而将血清作低倍稀释时，则其中16份产生假阳性反应。这与Ukkonen等^[11]观察到血清经1:500稀释可避免RF引起的假阳性反应的报告相符合。

摘 要

本文采用一种ELISA法检测IgM抗-HAV。当在本实验系统中加入2-ME处理的阳性血清或阳性血清结合后再用羊抗人IgM进行阻断试验，结果均可使其OD值下降约78%；甲肝流行点急性期血清IgM抗-HAV检出率高达92.3%(48/52)，而恢复期血清仅达17.1%(7/41)；11份急性乙肝和33份脐血清检测结果均为阴性；本法与Abbott HAVAB-M试剂盒检

测结果符合率达86%；若以Abbott RIA法为标准，本法的敏感性和特异性分别为91.2%和80%，且重复性良好，操作简便，成本低和无放射性危害等优点。

ABSTRACT

An enzyme-linked immunosorbent assay(ELISA) for the detection of IgM anti-HAV was described. For determining the specificity of ELISA, the positive sera were treated by 2-ME or blocked by goat antiserum to human IgM, and the optical density readings of all sera declined about 78%. 52 sera from acute patients in epidemic areas of hepatitis A were tested. 48 of them (92.3%) showed positive, whereas only 7 of 41 (17.1%) sera from convalescent patients showed positive. 11 sera from patients of acute hepatitis B and 33 sera from umbilical cords all gave negative results. The coincidence rate of the results of ELISA in this paper with that of RIA provided by Abbott kit was 86%. The sensitivity and specificity of ELISA were 91.2% and 80%, respectively. Comparing with RIA, this technique was more simple, less expensive and reproducible, and had no radiation hazard.

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秦皇岛市空肠弯曲菌肠炎的病原学调查

河北省秦皇岛市卫生防疫站

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为了解我市是否有由于空肠弯曲菌引起的腹泻流行，我们于1983年9月份，取市医院肠道门诊腹泻病人粪便100份作空肠弯曲菌分离培养，按常规法接种在Campylo-BAP平板，经48小时培养后，检出空

肠弯曲菌3株，检出率3%，均系小儿之粘液便(2/46)和稀便(1/28)，脓血便及脓便未检出。3株菌经生化鉴定为：弯曲菌属、胎儿弯曲菌空肠亚种、(Campylobacter fetus Subsp jejuni)。