of Multi-province Cooperative Surveillance Study on Cardiovascular Disease (MONICA Project), 1987～1989.

The results showed that there were significant differences in geographical distribution of the morbidity and of the mortality of CHD event. The northern provinces had higher rates than southern provinces. There was a positive correlation between the morbidity of CHD and the geographical latitudes. The coefficients of correlation were 0.5 and 0.57 for male and female, respectively ($P<0.05$). Male had higher morbidity and mortality than female. The average sex ratio (male/female) for the morbidity was 2.20. There were higher rates in urban areas as compared with those in rural areas.

There were higher case fatality rates in most provinces. The average percentage for the death out-of-hospital was 43.91% of the total number of CHD death. The percentage of death within 1 hour after onset accounted for 35.13% of the total number of CHD death. The duration from onset to death was less than 24 hours in 72.96% of the total number of CHD death.

The results are of important values for the prevention, treatment and the etiologic study of CHD.

Key words Coronary heart disease(CHD) Morbidity Mortality

*Department of Epidemiology of Cardiovascular Diseases, Beijing Heart, Lung & Blood Vessel Medical Center, Beijing, 100029

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（收稿：1992-02-15 修回：1992-05-26）

浅谈甲型肝炎抗体的意义

王建筑

人体感染甲肝病毒（HAV）后体内产生两种抗体，即抗-HAV IgM和抗-HAV，前者为HAV感染的近期指标，后者主要为IgG抗体，具有保护作用，为免疫指标，但是，一些学者〔储昌明，等.一起生活密切接触引起甲肝爆发的调查报告. 中华流行病学杂志 1991；12（4）：封2〕采用ELISA检测病人和健康人各40名的抗-HAV IgM，结果40名健康人均阴性，从而得出“存在大量甲肝易感者，为酿成本次爆发流行的重要条件”的错误结论。该文检测抗-HAV IgM，病人阳性，可定为甲肝；健康人阴性，则说明近期未感染HAV，并不能确定是易感者。因为甲肝发病12周后，抗-HAV IgM即不能检出，阴性者可有部分是既往曾经感染过HAV者，可表现抗-HAV阳性，这些人对HAV有免疫力，而不是易感者。确定人群是否对HAV易感，主要血清学指标是抗-HAV，阳性者说明有免疫力，阴性者说明是易感者。以上是我的浮浅认识，愿与储昌明同志商榷。

本文作者单位：066400 秦皇岛市，河北省卢龙县卫生防疫站