

年龄组。家庭中有HBeAg阳性者,其家庭成员中HBsAg阳性率明显高于HBeAg阴性家庭,但抗-HBe的存在却无何影响。

### ABSTRACT

A total of 644 sera were tested for HBeAg and anti-HBe by immunodiffusion method. The sera were made up of 226 sera from the patients with viral hepatitis or chronic liver diseases, 295 sera from asymptomatic HBsAg carriers, 38 sera with negative HBsAg but positive anti-HBs. 58 sera with both negative HBsAg and anti-HBs. The positive rates of HBeAg and anti-HBe were 22.57% and 3.98% in the patients with viral hepatitis or chronic liver diseases, 21.36% and 8.4% in asymptomatic HBsAg carriers. The differences were not statistically significant ( $P>0.5$ ). The prevalence of HBeAg and anti-HBe in HBsAg was negative, but anti-HBs positive sera was 15.79% and 13.16%. HBeAg and anti-HBe were not detected in both HBsAg and anti-HBs negative sera. SGPT levels were not correlated

with the presence of HBeAg and anti-HBe in the sera. The prevalence of HBeAg in males and females was almost identical (20.45% and 22.99% respectively) ( $P>0.05$ ), while the prevalence of anti-HBe was significantly higher in females than males (11.22% and 4.55%) ( $P<0.01$ ). Younger carriers tended to be more frequently HBeAg positive than elder ones (20—34% in the 0—29 year age group and 12% in those over 30 years). The HBsAg rates of the households in HBeAg positive families were much higher than those in HBeAg negative families, but the prevalence of anti-HBe in the two groups, was identical.

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## 衢州市三十年来麻疹发病情况的分析

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为探讨我市麻疹流行规律,将1951~1980年疫情进行分析。累积发病131,404例,病死1,428例。1959年为最高流行年,发病率高达3,128.54/10万,1975年发病率最低60.30/10万。病死率以1952年最高为7.66%,1970年最低为0.04%。平均为1.09%。

三十年来,我市麻疹流行情况以接种麻苗否分为二阶段。1966年前的16年中,1959年出现流行较大高峰,其它年份均有不同程度的流行。自1967年接种麻苗后的14年,仍有麻疹流行,发病率比前阶段有所下降,但1971年也出现一个流行高峰(1557.77/10万),这可能与麻苗供应不足、技术及保存等问题有关。

麻疹在我市以3~5月为发病高峰,占全年发病数的43%左右,9月后最低,约占2%左右。麻苗接种后,本病季节性无明显改变,但能改变其周期性,推迟发病年龄和降低病死率。发现个别年份流行高峰有提前或推后,这与该年气候、人群活动频繁程度等有关。

我们认识到易感人群的逐年累积是引起该病流行的前提,要控制、消灭麻疹及目前欲想降低病死率必须提高人群免疫力,尤其是提高初免质量。而麻苗按计划接种是最有效的措施。

## 新生儿口服脊髓灰质炎活疫苗免疫反应观察

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出生1~3天的新生儿口服单价脊髓灰质炎活疫苗后,其中和抗体增长率:I型为46.87%;II型为34.48%,III型为29.72%。胎传抗体在1:10或以下者服苗后抗体增长率最高(50~100%),而在1:80或以上时服苗后无抗体增长。服苗后一个月,I型下降

占15.12%,II型6.89%,III型21.64%。同时服用三价疫苗后,其抗体增长率I型较服单价疫苗显著为低(只有11.76%)。因此,新生儿的服苗问题尚需进一步研究。