

PO-50

流感之家庭侵襲率及二次侵襲率調查

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背景：流感病毒可藉感染者之咳嗽、打噴嚏、接觸等傳播途徑散播，且感染者在出現症狀前1天到發病後7天都具傳染力，因此感染者無症狀或症狀輕微時皆可能散播病毒。研究指出家庭是傳染流感的高危險環境，透過成員間親密與長時間接觸而增加罹患流感的風險。因此，家庭內流感侵襲率及首位個案感染後於其傳染力期間，其他家人感染情形實有必要瞭解。

目的：以家庭為單位調查流行性感冒流行期間之侵襲率及二次侵襲率

方法：為縱貫研究，招募中部某縣國小兒童及其家人參與，調查自民國98年9月初至隔年7月初止，資料是請家中主要照顧者記錄期間家人的流感症狀，輔以每週訪員的去電提醒，共有491位樣本183戶家庭。樣本期間有發燒 $\geq 37.5^{\circ}\text{C}$ 、喉嚨痛、咳嗽、流鼻水四個症狀同時具有兩個(含)以上者則為流感個案。

結果：有137戶家庭(成員744位)發生首例及繼發流感個案共181位，家庭侵襲率為24.3%。除首例，607位其他成員有21位為繼發個案，二次侵襲率為3%。家庭人數越多(OR=0.92, P=0.002)、年齡越大者(OR=0.52, P<0.001)，被二次侵襲的機會則相對較低。

結論：本研究流感侵襲率較國外文獻高如美國 Cauchemez等2009年研究之13%，此外流感季節，特別家有疑似感染者，更應加強家庭成員戴口罩、勤洗手及避免身體和近距離接觸的防治宣導。

PO-51

Association Of Hepatitis B Virus Infection With Chronic Kidney Disease in University Students Undergoing Health Screening

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Introduction: Taiwan is current one of the world's highest prevalence of chronic kidney disease (CKD) and an endemic area for hepatitis B virus (HBV). There is still inconsistent evidence showing the relationship between CKD and HBV. The cross-sectional study aims to investigate this association among university freshmen in Taiwan.

Methods: Data from health check-ups for 7745 new university entrants at a northern university was obtained in the present study. Using the modification of diet in renal disease study equation, estimated glomerular filtration rate (eGFR) was calculated. Odds ratios (ORs) for the association between HBV and CKD were estimated by logistic regression.

Results: The mean age of participants was 18.9 (± 0.5 SD) and prevalence of HBV and CKD are 7.4% and 6.8% respectively. The prevalence of CKD in HBV positive individuals was 6.0% and 6.9% in their negative counter parts. After adjusting for covariates, the logistic regression analysis for the association of HBV with CKD and low eGFR ($<15\text{ml}/\text{min}/1.73\text{ m}^2$) show an OR of 0.81 (95% CI = 0.57 – 1.17) and 0.59 (95% CI = 0.31 – 1.13) respectively. Further stratification by sex showed no significant difference with low eGFR. However, males show an increase risk of CKD (OR = 1.32, 95% CI = 0.81 – 2.16), but females show a decrease risk of CKD 0.53(OR = 0.53, 95% CI = 0.30 – 0.93).

Conclusion: Our results suggest that sex may modulate the association between HBV and CKD. This observation needs further confirmation.