

be extremely interesting in its own right, but not actually necessary to advance disease control and protect public health.

## 7. CONCLUSION

The approaches to the investigation of the transmission of BSE and scrapie, outlined above, differ only slightly. Those differences are due to the nature of the two diseases. BSE was a novel spongiform encephalopathy, in a hitherto unaffected species, that had characteristics of a point source epidemic, with an agent that could have been incorporated into a wide variety of feedstuffs and iatrogenically administered to naïve populations, and there was early evidence that it was not restricted to bovines. It was vital to establish, albeit experimentally, which other species might be affected, and whether the epidemic could be maintained by natural transmission, if the source was removed. In contrast, scrapie has been endemic throughout Great Britain for centuries, is maintained naturally (even if we don't know exactly how) and has a known host range. The principles, process and integration of evidence from different types of studies, however, are similar for both of these TSE and can be applied to any emerging or suspected spongiform encephalopathy.

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| 一般的名称   | 乾燥濃縮人アンチトロンビンⅢ   | 研究報告<br>の公表状<br>況 | 56th Annual Meeting of the<br>American-Society-of-Tropical-<br>Medicine-and-Hygiene<br>1044 |                      | 公表国<br>アメリカ                                 |                         |
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| 研究報告の概要   | <p>ヒト顆粒球アナプラズマ症 [Human Granulocytic Anaplasmosis (HGA)] の発生率は、1999 年以來 2 倍になった。原因病原体の <i>Anaplasma phagocytophilum</i> は、ニューイングランドの風土病であり、主にマダニ <i>Ixodes scapularis</i> の流行によってヒトに感染する。<i>A. phagocytophilum</i> によって引き起こされる疾患は、無症候なものから重篤なものまであり、一様ではない。<i>A. phagocytophilum</i> の輸血感染が 1 例報告されているが、現在 HGA のスクリーニングは実施されていない。</p> <p>この病原体によって引き起こされる血液の安全リスクを調査するため、我々はコネチカット州及びマサチューセッツ州の血液ドナーの陽性率を測定した。血液サンプルを春の後半から冬の初め (2001-2005 年) 及び 2006 年の初めから 1 年間、採取した。参加ドナーからの血清について、間接蛍光分析 (IFA) を使って <i>A. phagocytophilum</i> のヒト IgG 抗体の試験を実施した。IFA 力価が <math>\geq 1:64</math> のときに陽性とした。IFA によって検査した 15,828 名のドナー中、432 名 (2.7%) が <i>A. phagocytophilum</i> 抗体陽性であった。力価の分布は以下の通りであった。1:64 が 256 名 (59%)、1:128 が 115 名 (27%)、1:256 が 42 名 (9.7%)、1:512 が 14 名 (3.2%)、<math>\geq 1:1024</math> が 5 名 (1.2%) であった。マサチューセッツ州ドナーの陽性率は 2.2% (30/1,346)、コネチカット州ドナーの陽性率は 2.8% (402/14,482) であった。血清陽性率ピークは、次の月に生じた：2 月 (4.7%)、12 月 (3.7%) と 9 月 (3.4%)。全体的に、年間陽性率は 1.7% (2004 年) から 4.1% (2001 年) まで変化が見られた。年間血清陽性率で観察された変動は、おそらく <i>A. phagocytophilum</i> の複雑なライフサイクルに影響する気候および環境因子によるものであろう。</p> <p>比較的高い陽性率が持続していることから、<i>A. phagocytophilum</i> の血液安全性に及ぼす影響を調査する必要がある。</p> |                   |   |                      |   | 使用上の注意記載状況・<br>その他参考事項等 |
|   | 報告企業の意見  |                   |   |                      |   | 今後の対応                   |
| <p>米国ニューイングランド地方の供血者中の <i>A. phagocytophilum</i> の血清陽性率が比較的高い値を維持しているとの報告である。</p> <p>アナプラズマ属菌は、ウシ科、シカ科、ラクダ科動物の赤血球内に寄生する直径 0.2~1 <math>\mu\text{m}</math> のグラム陰性桿菌である。万一、原料血漿にアナプラズマ属菌が混入したとしても、除菌ろ過等の製造工程にて除去されるものと考えている。</p> |  |                   |   |                      | <p>本報告は本剤の安全性に影響を与えないと考えるので、特段の措置はとらない。</p> |                         |



