

to JE antigen were the highest followed by DEN-4, DEN-3, DEN-2, and DEN-1. In acute sera, those were 851 \pm 9, 573 \pm 9, 437 \pm 7, 416 \pm 6 and 363 \pm 8, respectively. In convalescent sera, those were 11,482 \pm 4, 8,128 \pm 4, 8,128 \pm 4, 8,128 \pm 4, and 6,457 \pm 4, respectively. To develop IgM-BS-ELISA, high titer of antibody to flavivirus from DHF cases was purified by using ion exchange chromatography (DEAE-cellulose) and labelled with biotin. If serum sample has IgM, it will bind to anti-human IgM coated in microtiter plate. After the tetravalent dengue antigens, anti-flavivirus IgG labelled with biotin, streptavidin-peroxidase conjugate and substrate were added. The color was developed and the reaction was stopped by using sulfuric acid. The absorbance was read by spectrophotometer at the wavelength of 490 nm. By using HI test as gold standard, the sensitivity and specificity of IgM-BS-ELISA in acute sera were 83.33% and 95.27%, respectively. The predictive values of positive and negative results were 92.39% and 89.24%, respectively. The efficiency of test was 90.4%. In convalescent sera, the sensitivity and specificity of IgM-BS-ELISA were 100% and 92.56%, respectively. The predictive values of positive and negative results were 90.26% and 100%, respectively. The efficiency of test was 95.6%. The agreement rate of HI and IgM-BS-ELISA was good. K (kappa) value was 0.79 for acute sera and 0.91 for convalescent sera. Correlation between IgM-BS-ELISA and HI was quite good. The correlation coefficients (r) were 0.7603 for acute sera and 0.8489 for convalescent sera. The results indicate that the IgM-BS-ELISA has high sensitivity and specificity. It is simple to perform, rapid and inexpensive (5-6 bath/test). The total test time is about 9 hrs. Therefore the IgM-BS-ELISA can be applied efficiently in diagnosis of dengue infection by using single serum and implemented for a large scale study.