

under 15 years at Khonkaen Hospital between July and November, 1994. Age of dengue infected patients were in the range of 5-9 year (54.7%), 10-14 year (30.2%) and 0-4 year (15.1%). The male and female ratio was about 1:1. They were classified by clinical manifestations and laboratory findings as dengue fever (DF ; 19 cases, 17.9%) and dengue hemorrhagic fever (DHF ; 87 cases, 82.1%). Thirty six (34.0%) cases were dengue shock syndrome (DSS) with no death. The clinical features including high fever ($>38.0^{\circ}\text{C}$), anorexia, drowsiness, hepatomegaly, flush face, headache and abdominal pain were observed mainly in DF cases. Moreover, the unusual manifestations such as hepatomegaly (73.7%), petechiae (26.3%), epistaxis (26.3%), hemoconcentration (21.1%) and thrombocytopenia (15.8%) were reported. The clinical features of DHF cases included high fever, anorexia, drowsiness, abdominal pain, vomiting, lymphadenopathy and flush face. Tourniquet test positive (81.6%), hepatomegaly (77.0%), hematemesis/melena (48.3%), petechiae (34.5%), epistaxis (31.0%), gum bleeding (13.8%) and ecchymosis (9.2%) were registered with 46.0% of thrombocytopenia and 60.9% of hemoconcentration.

Among 106 DF/DHF cases confirmed by hemagglutination inhibition (HI) test, almost of them (98.1%) were secondary infection. Only 2 cases (1.9%) were primary dengue infection. Detection of dengue viral antigens by BS-ELISA showed 18.9% of sensitivity and 97.2% of specificity in acute sera. The predictive values of positive and negative results were 90.9% and 44.9%, respectively. The efficiency of test was 50.6%. In acute PBLs, the sensitivity and specificity were 53.8% and 95.8%, respectively. The predictive values of positive

and negative results were 95.0% and 58.5%, respectively. The efficiency of test was 70.8%. The detection of dengue antigens in 106 dengue cases by BS-ELISA were compared between sera and PBLs. Using PBLs, the detection was greater than sera 6.3 times with significant difference ($p < 0.001$). When both sera and PBLs were determined in combination by BS-ELISA, the sensitivity and specificity increased (60.4% and 93.1%, respectively).

Considering the severity of disease, the presence of dengue antigens in acute sera determined by BS-ELISA did not depend on DF or the grade of DHF except DHF 4 (DF= 21.1%, DHF1= 12.5%, DHF2= 21.1%, DHF3= 18.2%, DHF4= 66.7%). For acute PBLs, the positive cases of dengue antigens detection increased when the infection was severe (DF= 36.8%, DHF1= 59.4%, DHF2= 52.6%, DHF3= 54.5% and DHF4= 100%). The serum samples collected between day 2 and day 7 after the onset of the disease positive by BS-ELISA increased gradually (6.7%, 15.0%, 15.6%, 30.8%, 20.0% and 33.3%, respectively). Using PBLs, the dengue antigens were detected with higher percentage (46.7%, 50.0%, 68.8%, 42.3%, 60.6% and 33.3%, respectively) than sera and the peak was on day 4.

The results indicate that with some improvements, the detection of dengue antigens in acute PBLs by BS-ELISA can be applied efficiently in diagnosis of dengue infection. In addition, if both serum samples and PBLs are collected and determined by BS-ELISA, the positive detection will increase.