Principles and practice of screening for disease / J. M. G. Wilson, G. Jungner

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RESULTS OF SCREENING FOR GONORRHOEA = RESULTATS DU DÉPISTAGE DE LA BLENNORRAGIE
World Health Organization (1976)

GONORRHOEA SURVEILLANCE : Results of Screening for Gonorrhoea, 1977 = SURVEILLANCE DE LA BLENNORRAGIE : Résultats du dépistage de la blennorrhagie, 1977
We present a biography of Gunnar Jungner, one of the authors of the Principles and Practice of Screening for Disease by JMG Wilson and G Jungner, published by the WHO in 1968. This publication contains ten criteria, which are still consulted, when a new disorder is evaluated for inclusion in a screening program. Gunnar Jungner was a Swedish MD, PhD, specialized in Clinical Chemistry, born in Sweden in 1914. In 1961 he built an automated instrument for the analysis of different components in plasma, with the aim to detect diseases in presumably healthy individuals, to enable start of treatment.

Screening, in medicine, is a strategy used in a population to identify the possible presence of an as-yet-undiagnosed disease in individuals without signs or symptoms. This can include individuals with pre-symptomatic or unrecognized symptomatic disease. As such, screening tests are somewhat unusual in that they are performed on persons apparently in good health. The addition of new diseases in neonatal screening programmes has been critically determined by the development of methods suitable for the analysis of large numbers of samples up until the mid-1990s. The technological progress since then, allowing simultaneous determination of several hundreds of metabolites in dried blood spot samples (DBSS) from filter paper, together with novel techniques for the analysis of nucleic acids (DNA and RNA), revolutionized NBS.


Evaluation of serum levels and significance of soluble CD40 ligand in screening patients with hepatitis C virus-related hepatocellular carcinoma

The study's objective was to evaluate the clinical significance of sCD40L in HCV-associated hepatocellular carcinoma [HCV-HCC] patients. Sera concentration of circulating sCD40L and IL-10 were assayed using ELISA in 30 HCV positive patients with HCC, 30 HCV-positive patients with liver cirrhosis and 30 age-matched healthy volunteers with negative anti-HCV-Ab as a control group. Serum sCD40L showed statistically-significant high levels in HCV-HCC patients compared to HCV-cirrhotic patients and normal controls [P < 0.001]. Serum sCD40L had higher ...