

The use of the microagglutination technique to determine the antibody status of healthy New Zealanders to *Brucella abortus*

By K. A. BETTELHEIM, W. J. MASKILL, R. V. METCALFE
AND J. L. PEARCE

National Health Institute, P.O. Box 50–348, Porirua, Wellington, New Zealand

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SUMMARY

Sera from healthy blood donors from different parts of New Zealand, collected between 1977 and 1980, were analysed by the microagglutination technique for antibodies against *Brucella abortus*. Populations from both urban and rural areas were studied. The technique was shown to be capable of handling the 3351 sera studied and thus to be a useful screening test to assess the immune status of large populations. The results demonstrated some of the effects on the human population of the successful bovine brucellosis eradication programme.

INTRODUCTION

In New Zealand (NZ), human brucellosis has been due to infection by *Brucella abortus* of bovine origin. The NZ Department of Health notifications from 1974 till 1982 suggest that the incidence of human brucellosis is declining (NZ Department of Health monthly notifications). A major contributing factor to this decline is the large decrease in the incidence of bovine brucellosis brought about by the NZ Ministry of Agriculture and Fisheries national eradication programme.

Earlier serological studies (Metcalf *et al.* 1979, 1981) used sera from healthy blood donors to determine antibody levels to *Br. abortus*. These sera are part of the ongoing collections of the National Serum Bank (NSB), jointly administered by the Department of Health and the Blood Transfusion Services.

In the earlier studies the standard agglutination (SAT) and anti-human globulin (AHGT) tests were performed by the generally accepted tube methods. These are very labour-intensive and require the use of large amounts of reagent. A microagglutination method originally developed by C. P. Beaton (*pers. comm.*) for the SAT and AHGT was compared with tube methods (Bettelheim, Maskill & Pearce, 1983) and found to be a suitable rapid method for screening large survey populations. This study reports on the use of this microagglutination method to determine the antibody levels to *Br. abortus* in eight collections of sera from throughout New Zealand between 1977 and 1980.

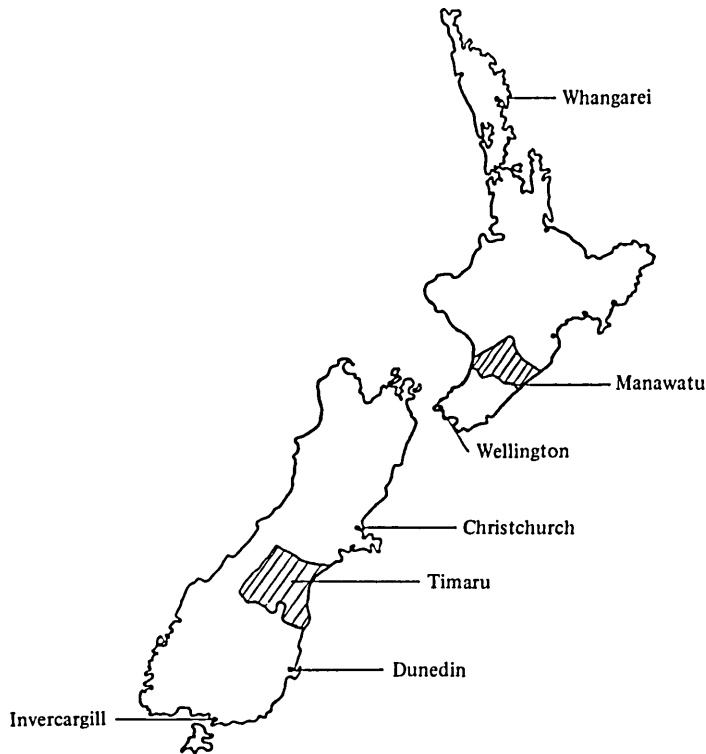


Fig. 1. Locations where serum bank collections were made.

MATERIALS AND METHODS

The sera

The New Zealand National Serum Bank (NSB) is a collection of sera obtained in co-operation with the New Zealand Blood Transfusion Services. This collection is maintained at the National Health Institute. Each serum sample is tested by the Blood Transfusion Services for hepatitis B surface antigen, and only non-reactors are accepted into the bank. It is the intention for each collection from one area to comprise 50 sera from each of the age groups < 20, 20-9, 30-9, 40-9 and > 50 for both males and females. However, this ideal cannot always be achieved, particularly for the < 20 and > 50 age groups.

Sera are collected annually from the Wellington region and also from at least one other major centre of population. Where possible, rural areas are also included, and these have been particularly emphasized in this study. The areas from which the sera in this study have been collected were Dunedin, 1977; a combination of Dunedin and Invercargill, 1978; Wellington, 1978 and 1979; Whangarei, 1979; Christchurch, 1979; Timaru, 1980; and Manawatu, 1980. The locations of these areas are shown on the map (Fig. 1). While there was a rural component in all the collections, those from Timaru and Manawatu were predominantly rural.

Table 1. Numbers of sera from males of the different collections giving microagglutination reactions

Area	Collection date	Age group	No. of sera giving a microagglutination titre of							Total
			< 40	40	80	160	320	640	> 640	
Dunedin	1977	< 20 years	35	3	1	—	—	—	—	39
Dunedin/Invercargill	1978		22	3	1	—	—	—	—	26
Wellington	1978		9	—	1	—	—	—	—	10
Whangarei	1979		25	5	—	—	—	—	—	30
Christchurch	1979		17	2	—	—	—	—	—	19
Wellington	1979		11	1	—	—	—	—	—	12
Timaru	1980		10	—	—	—	—	—	—	10
Manawatu	1980		46	3	—	1	—	—	—	50
Total (< 20 years)			175	17	3	1	—	—	—	196
Dunedin	1977	20-9 years	101	17	1	1	—	—	—	120
Dunedin/Invercargill	1978		54	7	—	—	—	—	—	61
Wellington	1978		49	6	—	—	—	—	—	55
Whangarei	1979		50	7	—	—	—	—	—	57
Christchurch	1979		49	9	—	—	—	—	—	58
Wellington	1979		56	3	—	—	—	—	—	59
Timaru	1980		39	1	1	—	—	—	—	41
Manawatu	1980		37	8	4	—	—	—	—	49
Total (20-9 years)			435	58	6	1	—	—	—	500
Dunedin	1977	30-9 years	60	20	2	1	1	—	—	84
Dunedin/Invercargill	1978		66	12	1	—	—	—	—	79
Wellington	1978		40	11	—	1	—	—	—	52
Whangarei	1979		36	14	2	1	—	—	—	53
Christchurch	1979		57	20	—	1	—	—	—	78
Wellington	1979		68	6	—	—	—	—	—	74
Timaru	1980		38	—	—	—	—	—	—	38
Manawatu	1980		29	14	4	3	—	—	—	50
Total (30-9 years)			394	97	9	7	1	—	—	508
Dunedin	1977	40-9 years	39	12	2	—	—	—	—	53
Dunedin/Invercargill	1978		38	8	2	—	—	—	—	48
Wellington	1978		38	9	—	—	—	—	—	47
Whangarei	1979		34	23	—	—	—	—	—	57
Christchurch	1979		44	16	—	—	—	—	—	60
Wellington	1979		46	7	1	—	—	—	—	54
Timaru	1980		46	2	1	—	—	—	—	49
Manawatu	1980		26	17	6	1	—	—	—	50
Total (40-9 years)			311	94	12	1	—	—	—	418
Dunedin	1977	> 50 years	19	10	1	1	—	—	—	31
Dunedin/Invercargill	1978		25	11	—	—	—	—	—	36
Wellington	1978		28	7	—	1	—	—	—	36
Whangarei	1979		23	11	—	—	—	—	—	34
Christchurch	1979		46	17	—	—	—	—	—	63
Wellington	1979		45	10	—	1	1	—	—	57
Timaru	1980		48	3	—	—	—	—	—	51
Manawatu	1980		31	10	7	2	—	—	—	50
Total (> 50 years)			265	79	8	5	1	—	—	358
Total (all males)			1580	345	38	15	2	—	—	1980

The microagglutination method

This was performed in rigid V-bottomed microtitre plates exactly as described by Bettelheim *et al.* (1983). Both the micro version of the SAT (MSAT) and the AHGT (MAHGT) were performed on each serum sample. The same control sera described for the earlier study were employed.

Table 2. Numbers of sera from females of the different collections giving microagglutination reactions

Area	Collection date	Age group	Microagglutination titre of							Total
			< 40	40	80	160	320	640	> 640	
Dunedin	1977	< 20 years	24	6	—	1	—	—	—	31
Dunedin/Invercargill	1978		20	4	—	—	—	—	—	24
Wellington	1978		8	1	—	—	—	—	—	9
Whangarei	1979		24	5	—	—	—	—	—	29
Christchurch	1979		21	—	—	—	—	—	—	21
Wellington	1979		13	1	—	—	—	—	—	14
Timaru	1980		1	—	—	—	—	—	—	1
Manawatu	1980		36	14	—	—	—	—	—	50
Total (< 20 years)			147	31	—	1	—	—	—	179
Dunedin	1977	20-9 years	44	11	1	—	—	—	—	56
Dunedin/Invercargill	1978		39	9	—	—	—	—	—	48
Wellington	1978		30	11	1	—	—	—	—	42
Whangarei	1979		26	8	1	—	—	—	—	35
Christchurch	1979		51	10	1	—	—	—	—	62
Wellington	1979		22	4	2	—	—	—	—	28
Timaru	1980		14	1	—	—	—	—	—	15
Manawatu	1980		39	7	4	—	—	—	—	50
Total (20-9 years)			265	61	10	—	—	—	—	336
Dunedin	1977	30-9 years	35	13	—	2	—	—	—	50
Dunedin/Invercargill	1978		58	17	—	1	—	—	—	76
Wellington	1978		27	6	—	—	—	—	—	33
Whangarei	1979		29	10	—	—	—	—	—	39
Christchurch	1979		46	9	—	—	—	—	—	55
Wellington	1979		35	6	—	—	—	—	—	41
Timaru	1980		20	—	—	—	—	—	—	20
Manawatu	1980		41	8	1	—	—	—	—	50
Total (30-9 years)			291	69	1	3	—	—	—	364
Dunedin	1977	40-9 years	20	11	—	—	—	—	—	31
Dunedin/Invercargill	1978		36	4	4	—	—	—	—	44
Wellington	1978		22	6	1	—	—	—	—	29
Whangarei	1979		20	13	3	—	—	—	—	36
Christchurch	1979		29	7	1	—	—	—	—	37
Wellington	1979		35	8	—	—	—	—	—	43
Timaru	1980		14	1	—	—	—	—	—	15
Manawatu	1980		37	9	4	—	—	—	—	50
Total (40-9 years)			213	59	13	—	—	—	—	285
Dunedin	1977	> 50 years	13	2	2	—	—	—	—	17
Dunedin/Invercargill	1978		20	2	—	—	—	—	—	22
Wellington	1978		15	6	—	1	—	—	—	22
Whangarei	1979		22	9	1	—	—	—	—	32
Christchurch	1979		18	11	—	—	—	—	—	29
Wellington	1979		25	7	—	—	—	—	—	32
Timaru	1980		11	1	—	—	—	—	—	12
Manawatu	1980		31	5	3	1	1	—	—	41
Total (> 50 years)			155	43	6	2	1	—	—	207
Total (all females)			1078	263	30	6	1	—	—	1371

Results

In all it was possible to examine 3351 sera - 1980 from men and 1371 from women - among the eight collections. The results, which have been grouped by test (MSAT or MAHGT), sex and age group of donor, and area and year of collection, are presented in Tables 1-4.

Table 3. Numbers of sera from males of the different collections giving microanti-human globulin reactions

Area	Collection date	Age group	Microanti-human globulin titre of							Total	
			< 40	40	80	160	320	640	> 640		
Dunedin	1977	< 20 years	36	2	1	—	—	—	—	39	
Dunedin/Invercargill	1978		22	2	1	—	1	—	—	26	
Wellington	1978		9	—	—	1	—	—	—	10	
Whangarei	1979		26	4	—	—	—	—	—	30	
Christchurch	1979		17	2	—	—	—	—	—	19	
Wellington	1979		11	1	—	—	—	—	—	12	
Timaru	1980		10	—	—	—	—	—	—	10	
Manawatu	1980		46	3	—	1	—	—	—	50	
Total (< 20 years)			177	14	2	2	1	—	—	196	
Dunedin	1977		20-9 years	95	18	6	1	—	—	—	120
Dunedin/Invercargill	1978	52		9	—	—	—	—	—	61	
Wellington	1978	48		6	1	—	—	—	—	55	
Whangarei	1979	50		6	—	1	—	—	—	57	
Christchurch	1979	49		9	—	—	—	—	—	58	
Wellington	1979	49		9	1	—	—	—	—	59	
Timaru	1980	35		4	—	2	—	—	—	41	
Manawatu	1980	35		13	1	—	—	—	—	49	
Total (20-9 years)				413	74	9	4	—	—	—	500
Dunedin	1977	30-9 years		61	16	3	2	2	—	—	84
Dunedin/Invercargill	1978		61	14	3	—	1	—	—	79	
Wellington	1978		38	8	4	—	1	—	1	52	
Whangarei	1979		31	16	2	3	1	—	—	53	
Christchurch	1979		56	21	—	1	—	—	—	78	
Wellington	1979		61	11	2	—	—	—	—	74	
Timaru	1980		34	3	1	—	—	—	—	38	
Manawatu	1980		30	14	4	1	1	—	—	50	
Total (30-9 years)			372	103	19	7	6	—	1	508	
Dunedin	1977		40-9 years	40	10	2	1	—	—	—	53
Dunedin/Invercargill	1978	34		10	3	1	—	—	—	48	
Wellington	1978	31		10	5	—	—	—	1	47	
Whangarei	1979	25		30	1	1	—	—	—	57	
Christchurch	1979	40		18	1	—	—	—	1	60	
Wellington	1979	42		11	—	—	1	—	—	54	
Timaru	1980	38		3	5	3	—	—	—	49	
Manawatu	1980	26		18	5	—	1	—	—	50	
Total (40-9 years)				276	110	22	6	2	—	2	418
Dunedin	1977	> 50 years		18	11	—	1	—	1	—	31
Dunedin/Invercargill	1978		27	8	1	—	—	—	—	36	
Wellington	1978		26	8	—	2	—	—	—	36	
Whangarei	1979		24	9	—	1	—	—	—	34	
Christchurch	1979		43	17	3	—	—	—	—	63	
Wellington	1979		40	10	1	2	3	1	—	57	
Timaru	1980		44	6	1	—	—	—	—	51	
Manawatu	1980		20	15	11	4	—	—	—	50	
Total (> 50 years)			242	84	17	10	3	2	—	358	
Total (all males)			1480	385	69	29	12	2	3	1980	

DISCUSSION

The economy of reagents and the ease of automation make the micro methods particularly useful for screening large populations for antibodies to *Brucella*. The earlier study involving this technique (Bettelheim *et al.* 1983) showed that the micro methods did not give false negative results. Moreover, where a difference

Table 4. *Numbers of sera from females of the different collections giving microanti-human globulin reactions*

Area	Collection date	Age group	Microanti-human globulin titre of							Total	
			< 40	40	80	160	320	640	> 640		
Dunedin	1977	< 20 years	26	4	—	1	—	—	—	31	
Dunedin/Invercargill	1978		22	2	—	—	—	—	—	24	
Wellington	1978		8	1	—	—	—	—	—	9	
Whangarei	1979		18	9	2	—	—	—	—	29	
Christchurch	1979		17	4	—	—	—	—	—	21	
Wellington	1979		14	—	—	—	—	—	—	14	
Timaru	1980		1	—	—	—	—	—	—	1	
Manawatu	1980		33	15	2	—	—	—	—	50	
Total (< 20 years)			139	35	4	1	—	—	—	179	
Dunedin	1977		20-9 years	43	12	1	—	—	—	—	56
Dunedin/Invercargill	1978	36		10	1	1	—	—	—	48	
Wellington	1978	31		10	—	—	1	—	—	42	
Whangarei	1979	25		8	—	2	—	—	—	35	
Christchurch	1979	49		12	—	1	—	—	—	62	
Wellington	1979	20		5	—	2	1	—	—	28	
Timaru	1980	12		2	1	—	—	—	—	15	
Manawatu	1980	33		13	4	—	—	—	—	50	
Total (20-9 years)				249	72	7	6	2	—	—	336
Dunedin	1977	30-9 years		37	9	1	2	1	—	—	50
Dunedin/Invercargill	1978		56	18	1	—	1	—	—	76	
Wellington	1978		22	7	3	1	—	—	—	33	
Whangarei	1979		24	13	2	—	—	—	—	39	
Christchurch	1979		42	12	1	—	—	—	—	55	
Wellington	1979		29	10	2	—	—	—	—	41	
Timaru	1980		18	2	—	—	—	—	—	20	
Manawatu	1980		36	11	3	—	—	—	—	50	
Total (30-9 years)			264	82	13	3	2	—	—	364	
Dunedin	1977		40-9 years	19	10	2	—	—	—	—	31
Dunedin/Invercargill	1978	28		11	3	1	—	1	—	44	
Wellington	1978	19		8	1	1	—	—	—	29	
Whangarei	1979	17		13	3	3	—	—	—	36	
Christchurch	1979	25		7	—	4	—	—	1	37	
Wellington	1979	27		13	2	1	—	—	—	43	
Timaru	1980	12		2	1	—	—	—	—	15	
Manawatu	1980	34		9	4	3	—	—	—	50	
Total (40-9 years)				181	73	16	13	—	1	1	285
Dunedin	1977	> 50 years		12	3	1	1	—	—	—	17
Dunedin/Invercargill	1978		18	2	2	—	—	—	—	22	
Wellington	1978		15	6	—	—	1	—	—	22	
Whangarei	1979		18	13	—	1	—	—	—	32	
Christchurch	1979		21	6	2	—	—	—	—	29	
Wellington	1979		17	14	1	—	—	—	—	32	
Timaru	1980		11	1	—	—	—	—	—	12	
Manawatu	1980		30	5	3	2	1	—	—	41	
Total (> 50 years)			142	50	9	4	2	—	—	207	
Total (all females)			975	312	49	27	6	1	1	1371	

of more than one dilution step occurred between the micro methods and the traditional tube methods, the titres obtained by the micro methods were higher in almost all (97.4%) cases. Therefore it was considered appropriate to continue the analysis of serum bank collections by means of the microagglutination methods.

As Tables 1 and 2 show, there are only two out of 1,980 males and only one out of 1,371 females with titres of $\geq 1:320$ in the MSAT. It is generally considered

Table 5. Percentage of sera giving a titre of ≥ 80 in the microagglutination and microanti-human globulin reactions from all collections

Area	Collection date	Sex	Percentage of sera giving micro-agglutination titres of ≥ 80 of the different age groups					All age groups	Percentage of sera giving micro-anti-human globulin titres of ≥ 80 of the different age groups					All age groups
			< 20	20-9	30-9	40-9	> 50		< 20	20-9	30-9	40-9	> 50	
Dunedin	1977	Males	2.6	1.67	4.8	3.8	6.5	3.4	2.6	5.8	8.3	5.7	6.5	6.1
Dunedin/Invercargill	1978		3.8	—	1.3	4.2	—	1.6	7.7	5.1	8.3	2.8	4.4	
Wellington	1978		10.0	—	1.9	—	2.8	1.5	10.0	1.8	11.5	12.8	5.6	
Whangarei	1979		—	—	5.7	—	—	1.3	—	1.8	11.3	3.5	2.9	
Christchurch	1979		—	—	1.2	—	—	0.4	—	—	1.3	3.3	4.8	
Wellington	1979		—	—	—	1.9	3.5	1.2	—	1.7	2.7	1.9	12.2	
Timaru	1980		—	2.4	—	2.0	—	1.1	—	4.9	2.6	16.3	1.9	
Manawatu	1980		2.0	8.1	14.0	14.0	18.0	11.2	2.0	2.0	12.0	12.0	30.0	
All males			2.0	1.4	3.3	3.1	3.9	2.8	2.6	2.6	6.5	7.6	8.9	
Dunedin	1977	Females	3.2	1.8	4.0	—	11.8	3.2	3.2	1.8	8.0	6.5	11.8	
Dunedin/Invercargill	1978		—	—	1.3	9.1	—	2.3	—	4.2	2.6	11.4	9.1	
Wellington	1978		—	2.4	—	3.4	4.5	2.2	—	2.4	12.1	6.9	4.5	
Whangarei	1979		—	2.9	—	8.3	3.1	2.9	6.8	5.7	5.1	16.7	3.1	
Christchurch	1979		—	1.6	—	2.7	—	1.0	—	1.6	1.8	13.5	6.9	
Wellington	1979		—	7.1	—	—	—	1.3	—	10.7	4.9	7.0	3.1	
Timaru	1980		—	—	—	—	—	—	—	6.7	—	6.7	—	
Manawatu	1980		—	8.0	2.0	8.0	12.2	5.8	4.0	8.0	6.0	14.0	14.6	
All females			0.6	3.0	1.1	4.6	4.3	2.7	2.8	4.5	4.9	10.9	7.2	
All males and females			1.3	2.0	2.4	3.7	4.1	2.7	2.6	3.3	5.8	9.0	8.3	

that a titre of $\geq 1:80$ represents the presence of specific agglutinating antibodies to *Br. abortus* (Kerr *et al.* 1966). For the purposes of this discussion this cut-off titre will be taken as representing specific reactors. In Tables 1 and 2 there are 92 (2.7%) sera with a titre of $\geq 1:80$. Of these, 55 are from males and 37 from females. While these numbers are low there is a general trend of increasing numbers of reactors in the higher age groups. These results are summarized as percentages in Table 5.

There are more sera with high MAHGT antibody levels than there are with high MSAT levels: 17 sera from males with titres of $\geq 1:320$, and eight from females (Tables 3 and 4). There are 199 (5.9%) sera with titres of $\geq 1:80$, and of these 115 were males and 84 were females. As summarized in Table 5, there is a more marked trend of increasing numbers of MAHGT reactors with the older age groups as was noted for the MSAT.

Since 1974 the Wellington region has been sampled every year except 1975. The figures for 1974 and 1976 (Metcalf *et al.* 1979) and for 1977 (Metcalf *et al.* 1981) have already suggested a downward trend in numbers of reactors. The current studies include two further Wellington collections in 1978 and 1979, and these confirm this downward trend. It is particularly noteworthy that these trends can be documented in a predominantly urban population. Although only one previous collection was made in Christchurch in 1975 (Metcalf *et al.* 1979), a comparison of the current figures with those obtained earlier again demonstrates a downward trend. These downward trends are considered particularly noteworthy as more sensitive methods are being used.

An examination of urban centres studied in the same year, i.e. Dunedin, Dunedin/Invercargill and Wellington in 1978, and Christchurch and Wellington in 1979, shows no noticeable difference in the numbers of reactors for the MSAT. However, the AHGT for the males shows more reactors in both Wellington collections than the South Island collection performed in the same year. This difference is not as marked for the females. The collection from Whangarei in 1979, which is further north, shows a higher reactor rate for females than Wellington, 1979, for the MAHGT (Table 5).

In a study such as this one it is important to examine human brucellosis in the context of animal brucellosis in New Zealand. Of the collections of sera tested in this study, most came from urban centres although there was a rural component in all. The two predominantly rural areas were Timaru and Manawatu.

Timaru has been considered clear of brucellosis since the end of 1979. The period 1972–6 saw a reduction in the proportion of infected beef herds to 4.1% and of dairy herds to 1.4%. By 1979 only one beef herd still contained reactors and there was no reactor in beef or dairy herds by 1980. From 1977 the milk ring test has been consistently negative on samples of milk taken in this area.

In the Manawatu area the proportion of infected herds had been reduced to only 2.4% for beef herds and 2.2% for dairy herds by 1976. In 1979 there were still 2.0% of beef herds containing reactors and 1.7% of dairy herds. These were reduced to 1.9% and 0.8% respectively in 1980. A proportion of samples of milk from this area gave a positive milk ring test.

Both these areas are rather similar in agricultural activity, but in Manawatu there are about three times as many dairy herds as in Timaru. The numbers of

beef herds are similar. As shown in Tables 1 and 2, the MSAT demonstrates that both males and females of the Manawatu collection have a greater reactor rate (giving a titre $\geq 1:80$) than those in Timaru.

The summary in Table 5 further demonstrates this observation. This difference between the two collections, although still present, is not as marked for the MAHGT (Tables 3 and 4).

An examination of the numbers of reactors belonging to the different age groups in the two rural collections demonstrates that there is a clear rise in numbers of reactors of both males and females in the MSAT in Manawatu which is not present in Timaru. Of all collections studied, the reactor rate for the MSAT in Manawatu was the highest and showed the most consistent increase with age, both among males and females (Tables 1, 2 and 5). It should be noted that these titres do not imply that the older age groups are more likely to have had recent infections but supports the concept of persistence of *Brucella* agglutinating antibodies as described by other workers (Reddin *et al.* 1965; Kerr *et al.* 1968; Farrell, Robertson & Hinchliffe, 1975).

A similar examination of the numbers of reactors for the MAHGT shows a greater number of sera with higher titres for all collections than the number of MSAT reactors. This is particularly noteworthy in the older age groups (Table 3), and emerges clearly in a comparison between Timaru and Manawatu (Table 5).

The MAHGT, by identifying mainly IgG antibodies, is indicative of residual antibodies from past or persisting antigen exposure. The survival of IgG antibodies in the older urban populations is therefore considered a reflection of earlier exposure.

The summary of the bovine brucellosis eradication programme of the Ministry of Agriculture and Fisheries given earlier indicates that people in Manawatu were still exposed at the time of serum collection to *Brucella*, while those in Timaru were not. The continuing exposure of the Manawatu population to *Brucella* may account for the rise of numbers of reactors with age group in the MAHGT. This exposure may act like a continuous vaccination procedure maintaining high IgG levels (Coghlan & Weir, 1967).

This study demonstrates that in order to assess the immune status of large populations to an agent such as *Br. abortus*, a rapid and inexpensive screening test such as the microagglutination methods described by Bettelheim *et al.* (1983) is the preferred alternative to the more labour-intensive and expensive tube methods. Only when the microagglutination methods became available could it be readily confirmed that the *Brucella* agglutinating antibody levels were in fact lower in a human population in an area in which the bovine brucellosis eradication programme had been successful in removing all infected cattle and hence eliminating exposure to *Brucella*. Further, only by such methods can regular monitoring of urban populations be undertaken. Thus the effectiveness of the national bovine brucellosis eradication programme can regularly be monitored in human populations.

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