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FUNCTIONS OF HOSPITAL LABORATORIES AS RELATED TO PUBLIC HEALTH:
VIROLOGY

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In recent years there has been an increasing demand for virological diagnoses from clinicians. This demand has in part been met by better and faster diagnostic methods. This new development (combined with limited progress in viral chemotherapy) calls for a re-evaluation of the role of diagnostic clinical virus laboratories in relation to hospitalized as well as general practice patients.

Proper virological diagnosis can thrive only where there is close cooperation between the virologist and the clinician. This, again, calls for a more clearly defined division between those diagnostic problems which should be solved by the smaller clinical laboratory (CL) and those which should go to the larger public health reference laboratories (RL). While the primary object of the CL is to assist the clinician in making a possible virological diagnosis in the acutely ill patient, the RL also serves other purposes, such as the identification of isolated virus strains and dealing with the main aspects of epidemiological serology. The proper siting of other important working areas for these two kinds of laboratory will also be discussed.

The main reason for attempting a reassessment of the tasks to be performed by the CL, is the progress made during recent years in rapid diagnostic virological laboratory procedures. While established (traditional) diagnostic virological tests often take weeks to complete, the term "rapid virus diagnosis" is reserved for tests which can be completed in a matter of hours or in a day or two, at the most. The probable impact of several of these rapid diagnostic procedures (immuno-fluorescent test, enzyme-linked immunosorbent assay (ELISA), radioimmunoassay (RIA), immunoelectro-osmophoresis test and immunoglobulin-M-(IgM)-antibody determination) on the future role of CL, will be discussed in more detail.

Different clinical specialties require the assistance of diagnostic virus laboratories to a very different degree. Moreover, different types of clinical sample from diseased patients vary to a large degree with respect to the percentage of positive virus isolation they yield. The impact which these aspects of clinical virology should have on the management of future CL will also be discussed.

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