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NATIONAL STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

GB 15976-2015

Replacing GB 15976-2006

Control and elimination of schistosomiasis

血吸虫病控制和消除

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Standardization Administration of the PRC

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Foreword

All the technical contents of this standard is mandatory. This standard was drafted in accordance with GB/T 1.1-2009 given rules. This standard replaces GB 15976-2006 "schistosomiasis control and elimination of the standard." This standard compared with GB 15976-2006, in addition to editorial changes outside the main changes are as follows:

--- Standard name was changed to "schistosomiasis control and elimination";

--- Normative references, increasing the "GB/T 18640-2002 livestock schistosomiasis diagnostic techniques" (see Chapter 2);

--- Modify the terms and definitions in the statements of the "schistosomiasis" and "infected snails" (see

--- Remove each stage of prevention Prevention archives provisions (see GB 15976-2006's 4.1.4,4.2.5,4.3.4);

--- Modify the blocking phase of the spread of snails index [see c

4.3 a), GB 15976-2006 4.3.3];

--- Increased requirements schistosomiasis monitoring system [see

--- Body schistosomiasis control stages "destroy" to "eliminate" (see 4.4);

--- Elimination phase increases the infected snails requirements (see 4.4);

--- The assessment methods and appendices prevention phase were combined (see Appendix A);

--- Remove the residents stool examination, Appendix dung inspection, investigation of snails, schistosomiasis control file information, etc. (see GB 15976- 2006 Appendix A, Appendix B, Appendix C, Appendix D). This standard is proposed and managed by the National Health and Family Planning Commission People's Republic of China. This

standard was drafted. Chinese Center for Disease Control Parasitic Diseases Control and Prevention, the Jiangxi Provincial Institute of Parasitic Diseases, Anhui Provincial Institute of Schistosomiasis Control, Disease Prevention and Control Center of Hubei Province, Fudan University School of Public Health, prevention and treatment of schistosomiasis in Jiangsu Province The, Disease Prevention and Control Center of Sichuan, Yunnan endemic schistosomiasis prevention and treatment of the Hunan Province. The main drafters of this standard. Alick Zhou, Lin Dandan, Wang Tianping, Huang Xi Bao, Jiang Qing-wu, Chen root, Liang Yousheng, Qiu Dongchuan, Dong Xing Qi, Yi Ping, Xu Jing. The standard standard replaces the previous editions.

--- GB 15976-1995;

--- GB 15976-2006. Schistosomiasis control and elimination

1 Scope

GB 15976 sets the criteria by which a county in China is declared to have brought schistosomiasis under control, then to have interrupted transmission, then to have eliminated it. It fixes the indicators for each stage - the infection rate in humans and in livestock, the density and infection rate of the Oncomelania snail, the surveillance coverage - together with the assessment methods and the procedure for the declaration. It is the yardstick against which one of China's longest public health campaigns is measured. Issued on 2 June 2015, in force since 1 January 2016, replacing GB 15976-2006. This page is published from the official record of the standard held by the Chinese standards administration: the identification, the dates, the classification and the edition it replaces are taken from there. The clause text, the tables and the numeric limits are not reproduced on this page - they are in the document itself, which is delivered in full in English translation.

This standard specifies the epidemic of schistosomiasis control, communication control, and the elimination of blocking the spread of requirements and assessment methods. This standard applies to the assessment of the different milestones of schistosomiasis prevention and treatment of endemic areas.

2 Normative references

The following documents for the application of this document is essential. For dated references, only the dated version suitable for use herein Member. For undated references, the latest edition (including any amendments) applies to this document.

GB/T 18640-2002 livestock schistosomiasis Diagnosis

WS261-2006 schistosomiasis diagnostic criteria

3 Terms and Definitions

The following terms and definitions apply to this document.

3.1 Schistosomiasis schistosomiasis By the schistosome parasite in humans and mammals caused disease, especially in our schistosomiasis (schistosomiasisjaponica). NOTE. rewrite WS261-2006, Definition 2.1.

3.2 Acute schistosomiasis acuteschistosomiasis Because people in the short time of infection or re-infection of a large number of cercariae and fever, enlargement of the liver and peripheral blood eosinophilic granulocytes Cells increased and a series of acute symptoms. The incubation period mostly 30d ~ 60d, an average of about 41.5d. [WS261-2006, Definition 2.2]

3.3 Infected snails infectedoncomelaniasnail Containing Schistosoma japonicum sporocysts, cercariae snail (Oncomelaniahupensis).

4 Requirements

4.1 epidemic control It should also comply with the following.

a) residents infection rate of less than 5%;

b) livestock infection rate of less than 5%;

c) does not appear outbreak of acute schistosomiasis (see A.3).

4.2 propagation control It should also comply with the following.

a) residents infection rate of less than 1%;

b) livestock infection rate of less than 1%;

c) does not occur in patients with acute schistosomiasis local infection;

d) at least 2 consecutive years of finding infected snails.

4.3 TRANSMISSION INTERRUPTED It should also comply with the following.

a) 5 years No local infection schistosomiasis patients;

b) 5 years No local infection schistosomiasis sick animals;

c) at least five years of finding infected snails;

d) schistosomiasis monitoring system at the county level, establish and improve sensitive and effective (see A.6).

5 Assessment methods

Assessment methods in Appendix A.

Appendix A

(Normative) Assessment methods A.1 after schistosomiasis transmission season, administrative village as a unit to carry out examination and evaluation work. A.2 being the assessment of administrative villages, more than 90% 6 to 65 years permanent residents to be checked. DIAGNOSING press WS261- 2006 implementation of the provisions. A.3 Now is epidemic archives assessment of administrative villages, the review whether schistosomiasis patients, sick animals, acute schistosomiasis patients and acute Schistosomiasis outbreaks. Acute schistosomiasis outbreak of acute schistosomiasis cases refers to the administrative village as a unit, within 2 weeks of local infection (including Including confirmed cases and clinically diagnosed cases) >=10 cases of the same infection site appraisal or villages within one week of acute local infections suck blood Echinococcosis cases >=5 cases. A.4 being the assessment of administrative villages, the local main source of infection of livestock inspection, checking each animal at least 100, 100 less than All inspection. Diagnosis of animal schistosomiasis in accordance with the provisions of the implementation of GB/T 18640-2002 of. A.5 being the assessment of administrative villages, systematic sampling combined with environmental sampling survey of the entire history of snail environments and suspicious environment SNAIL Investigation. Using percussion Identification of snails alive, to live snails (snails live at least anatomy 5000, less than 5000 full anatomy) using pressure Broken microscopy was used to observe snail schistosome infection. A.6 being popular county assessment, the establishment of sensitive and effective schistosomiasis monitoring system should at least meet the following requirements.

a) county and township (town) a person responsible for schistosomiasis monitoring, timely detection and effective disposal of schistosomiasis outbreaks of disease;

b) at the county level professional control agencies have at least a master schistosomiasis detection technology personnel;

c) the prevention and control of schistosomiasis and monitoring of archives in the village as a unit;

d) transmission has been interrupted after the enactment of monitoring programs and monitoring the implementation of the consolidation measures.