

ICS 11.020
CCS C 61



**NATIONAL STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GB 16395-2011

Replacing GB 16395-1996

**Criteria for delimitation and classification of Kaschin-Beck
disease endemic area**

大骨节病病区判定和划分标准

(English Translation)

Issued on: December 30, 2011

Implemented on: February 1, 2012

**Issued by: People's Republic of China Ministry of Health, Standardization
Administration of China**

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Foreword

All the technical contents of this standard is mandatory.

This standard replaces GB 16395-1996 "KBD endemic area determined and criteria for the classification." the main changes compared to the present standard and GB 16395-1996 "KBD endemic area determined and criteria for the classification" as follows.

--- Adjust the age range of the X-ray of the subject of children and wards divided into different types of X-ray detection rate levels.

--- When dividing ward type, if the census and clinical X-ray examination results to differ children requiring child-X-ray examination results Prevail.

--- Emphasize the typical cases in the ward population age distribution division of new wards and ward history.

Appendix A of this standard is a normative appendix.

This standard is proposed and administered by the People's Republic of China Ministry of Health.

This standard was drafted. Shanxi Institute of Endemic Disease Control.

1 Scope

This standard specifies the KBD endemic area determined by type of ward and basic requirements.

This standard applies to KBD ward and ward type determination division.

2 Normative references

Following standard terms of this standard reference and become the standard terms. For dated references, subsequent Amendments (not including errata content) or revisions do not apply to this standard, however, encourage the parties to the agreement are based on research Whether the latest versions of these documents. For undated reference documents, the latest versions apply to this standard.

WS/T 207 KBD diagnosis

3 Ward determination

Ward determined to have typical cases to local incidence (WS/T 207) as the basis for villages (Tun) units. It has the following two who determined that Ward.

- a) constitute a popular locals clinical I degree and above prevalence > 5%.
- b) 7 ~ 12 years old children hand with multiple X-ray, bone side symmetry change cases.

4 Ward, Classification

4.1

by Ward disease severity

4.1.1 Light Ward

Local residents clinical I degrees and above, or the prevalence of children aged 7 to 12 X-ray detection rate of $\leq 10\%$.

4.1.2 Ward

Local residents clinical I degrees and above, or the prevalence of children aged 7 to 12 X-ray detection rate of $> 10\%$ and $\leq 20\%$.

4.1.3 District ill

Local residents clinical I degrees and above, or the prevalence of children aged 7 to 12 X-ray detection rate of $> 20\%$.

The number of children with clinical X-ray examination in Appendix A; when clinical survey and poor consistency Children X-ray examination results, X-ray inspection child Search results shall prevail.

4.2.1 New Ward

No typical case occurred on the history of the local population. Prevalence I degree and above in all cases in people under the age of 20, the epidemiological Investigation, clinical survey and children 7 to 12 years old X-ray examination, in line with the epidemiological characteristics of the disease, with this standard, the criteria for determining the ward can be determined the new ward.

4.2.2 History Ward

Local typical cases had occurred and was identified as Ward. The clinical survey, 20 years of age and no more than I degree cases; 7 ~ Children 12 years old X-ray detection rate of Appendix A (Normative) Instructions for proper use of the standard Clinical I degree and above this standard A.1 of the "typical case" means a place in a local living for six months or more of the resident population Cases, or children's hands with multiple X-ray, bone side symmetry change cases.

A.2 of this disease ward and ward determines the type of division, are villages (Tun) units.

A.3 clinical examination of not less than 100 people, villages (Tun) resident population of less than 100 people, should be with the neighboring villages (Tun) merger; 7 to 12 years old the number of X-ray film for children, less than 50 people (if a natural village,, children aged 7 to 12 with less than 50, should be near the village, Tuen age children Top-up), more than 50 people were stratified random sampling, every age, the film is not less than the number nine.

A.4 the region after several years of serious illness evolution, may become history ward, ward light. In the history of the ward or some mild areas of the disease can be stopped Only popular, so the children aged 7 to 12 degrees and clinical examination without I above cases, X-ray detection rate