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

GB 17019-2010

Replacing GB 17019-1997

Control criteria for Keshan disease areas

克山病病区控制标准

(English Translation)

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Foreword

All the technical contents of this standard is mandatory.

This standard replaces GB 17019-1997 "basic Keshan disease control standards." this standard and GB 17019-1997 "Keshan Disease Control standard" compared to the main changes are as follows.

- Delete the definition of basic control Keshan disease area (s);
- Disease control targets in the incidence to prevalence;
- Appendix increased cases of escalation procedures.

This standard Annex A, Annex B normative appendix.

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

This standard drafting unit. China Disease Prevention and Control Center, Institute of Endemic Disease Control Center grams mountain disease.

1 Scope

This standard specifies the Keshan disease area control standards, case reporting and control ward examination and testing procedures.

This standard applies to Keshan Disease endemic disease control examination and testing, described Keshan disease, Keshan disease research in epidemiology, surveillance and the examination and evaluation of control effect.

2 Normative references

The following documents contain provisions which, through reference in this standard and become the standard terms. For cited documents with dates, all subsequent Amendments

(not including errata content) or revisions do not apply to this standard, however, encourage the parties to study under this agreement is standard Whether the latest versions of these documents. For undated reference documents, the latest versions apply to this standard.

GB 17020 Keshan disease endemic determination and Classification GB 17021 Keshan disease diagnostic criteria

3 Terms and Definitions

The following terms and definitions apply to this standard.

Keshan disease Keshandisease, KD Unknown cause of endemic cardiomyopathy; cardiac pathology major changes are substantial degeneration, necrosis and scarring, heart muscle was formerly Expansion, cardiac chamber enlargement, wall thinning trend; the main clinical features of heart failure and arrhythmias.

Prevalence prevalencerate Somewhere a disease prevalence in the population frequencies.

4 Disease control

Case-reporting program (see Appendix A) and Keshan disease area controlled by examination and testing program (see Appendix B), according to GB 17020, GB 17021, township as a unit, Keshan disease area to regulate the condition survey, Keshan disease, the prevalence level to achieve the following three conditions it may be assessed Keshan Disease endemic area of the disease under control.

- a) at least five years (excluding 5 years) township, no acute type, subacute Keshan disease.
- b) Keshan disease patients less than 0.2%.
- c) latent Keshan disease patients is less than 3.0%.

Appendix A

(Normative)

Case escalation procedures A.1 county CDC should regularly leads through questionnaires or surveys to collect the newly discovered type of acute, subacute, chronic Keshan Cases of disease information, after verification municipal disease prevention and control center reported.

Center for Disease Control and Prevention A.2 municipal, provincial or endemic the provincial Disease Prevention and Control Center, Chinese Center for Disease Control of Endemic Diseases Control the Centers for cases escalate the situation after verification.

A.3 reported cases filed by the Chinese Center for Disease Control of Endemic Diseases Control Center.

Appendix B

(Normative)

Keshan disease area control examination and testing procedures Compliance examination and testing B.1 Keshan disease area control units in the township. County health administrative departments under the jurisdiction of the wards. Ward township organizations Conformity assessment, the evaluation of all rural wards have reached control standards, gradual submitted by the county health administrative departments to the provincial health department, Organization of the provincial health department declared counties examination and testing.

After B.2 by the provincial health department examination and testing, all counties have reached the sick ward control standards by the provincial health administrative department of the health Submitted to the Department of the province's ward examination and testing reports.