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

GB 17020-2010

Replacing GB 17020-1997

Delimitation and classification of Keshan disease areas

克山病病区判定和类型划分

(English Translation)

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Foreword

All the technical contents of this standard is mandatory.

This standard replaces GB 17020-1997 "Keshan disease ward delimitation and type of division." the main changes compared to the Standard and GB 17020-1997 are as follows.

- Increasing the definition of history ward;
- Emphasized Keshan disease cases local primary;
- Ward type classification based primarily on Keshan disease prevalence and whether the acute type, subacute Keshan disease cases occur;
- Ward Classification by Slow prevalence indicators Keshan disease incidence replace the original index;
- Determine the criteria for the classification and type of ward determines the applicable years.

Appendix A of this standard is an informative annex.

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

The standard provides a basis for determining Keshan disease endemic area and type of division.

This standard applies to the determination of Keshan disease endemic area and type of division, described Keshan disease, Keshan disease conducted epidemiological studies,

monitoring and 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 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 Ward determination

Ward determined township as a unit. According to the distribution characteristics (see Appendix A) Keshan disease areas to ward determination. Past or present Subacute or acute type Keshan disease or have chronic Keshan disease cases exist in the township, it can determine the Ward Township, Keshan disease cases refers to the village of ward Live less than six months, new hair Keshan disease, not foreign cases.

5 Types of ward

Keshan disease area is divided into the following types, all diagnosed cases See GB 17021.

a) serious illness Area There are acute or sub-acute type Keshan disease occurrence or chronic Keshan disease patients is higher than 0.9% in the past five years.

b) in the ward

The past five years, no type of acute or subacute Keshan disease occurs, Keshan disease patients rate between 0.3% to 0.9%.

c) Light Ward

The past five years, no type of acute or subacute Keshan disease occurs, Keshan disease

patients was lower than 0.3%.

d) History Ward

Type or a history of acute or subacute Keshan disease occur, but over the past five years no longer exist in cases of Keshan disease area.

Appendix A

(Informative)

Keshan disease area distribution A.1 The disease was evident regional disease, and relatively stable range Ward. Within a province (region) range, only some counties, in a county the range, is only part of the rural wards, while some counties and townships non-ward.

A.2 ward located in rural areas.

A.3 low selenium ward outside environment.