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

GBZ 88-2002

**Diagnostic Criteria of Occupational Forest Encephalitis
(English Translation)**

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Foreword

Article 5.1 of this standard is recommended and the remainder is mandatory.

According to the "People's Republic of China Occupational Disease Prevention Law" to develop this standard.

Forest encephalitis is an epidemic of acute viral central nervous system infections prevalent in ticks in the forest area. For forestry Workers, geologists, border guards, forest residents and the health of tourists are a great threat. Development of professional forest brain Inflammation of the diagnostic criteria, contribute to the early diagnosis of such diseases, the protection of all types of contacts, especially forest operators health There's important meaning.

Appendix A to this standard is an informative appendix.

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

The standard responsible for the drafting unit. Peking University Third Hospital, Jilin Province, occupational health hospital; to participate in the drafting unit.

Inner Mongolia Forestry General Hospital, Jilin Province, Song County Health and Epidemic Prevention Station.

This standard is interpreted by the Ministry of Health of the People's Republic of China.

Diagnostic criteria for occupational encephalitis Occupational forest encephalitis refers to the workers in the forest area of professional activities, due to tick bites and infection of the central nervous system the system of acute viral infectious diseases, with significant regional and seasonal.

1 Scope

This standard specifies the diagnostic criteria and principles of occupational forest encephalitis.

This standard applies to occupational forest encephalitis, non-occupational forest encephalitis can also refer to the implementation.

2 Normative reference documents

The terms of the following documents are hereby incorporated by reference into this standard. Any date that references the date of the document all subsequent amendments (excluding corrigenda) or revisions do not apply to this standard, however, encouragement under this standard the parties to the agreement study whether the latest versions of these documents are available. For those who do not mind the date of the reference file, the latest version this applies to this standard.

Identification of Occupational Injury and Occupational Disease Disability in Staff and Workers GB/T 16180 GBZ 76 Occupational acute chemical poisoning Nervous system disease diagnostic criteria

3 Diagnostic principles

According to the occupational spring and summer season in the forest area and the history of tick bites, sudden fever, typical acute central nervous system Clinical manifestations of systemic damage, specific serological test positive, reference to the scene of the epidemic of encephalitis survey results, integrated Analysis, and exclude other causes of similar diseases can be diagnosed.

Diagnostic and grading standards 4.1 mild forest encephalitis. sudden onset, fever, with headache, nausea, vomiting and other symptoms, more than a week to restore body temperature Normal; serum-specific antibodies IgM or IgG positive.

4.2 moderate forest encephalitis. the aforementioned performance increased, and the emergence of neck stiffness and positive Kernig sign, Brudzinski sign and other brain Membrane irritation sign.

4.3 severe forest encephalitis. the above performance increased, and has one of the following circumstances.

- a) neck or limb muscle retardation paralysis;
- b) difficulty swallowing;
- c) language barriers;
- d) disturbance of consciousness or convulsion;

e) respiratory failure.

5.1 Principles of treatment

5.1.1

mild patients with general symptomatic supportive treatment. such as cooling, maintaining water and electrolyte balance;

5.1.2

moderate and severe patients should actively prevent brain edema, to maintain airway patency, if necessary, can use antiviral drugs, antibiotics and other treatment.

5.1.3

other treatment. early use of high titer gamma globulin can get a better effect, if necessary, can be used with the use of interferon.

5.1.4

recovery period of treatment. physical therapy, traditional Chinese medicine, functional exercise.

5.2 Other processing

5.2.1

mild and moderate forest encephalitis patients cured, can work as usual.

5.2.2

patients with severe cerebral encephalitis returned to normal can work as usual, individual labor ability to identify those who can press GB/T 16180 deal with.

6 Correct use of the description of this standard

See Appendix A (informative).

Appendix A

(Informative)

Correctly use the instructions in this standard A1 This standard applies to the diagnosis, classification and treatment of occupational encephalitis. Non-occupational encephalitis can be performed by reference.

A2 forest encephalitis virus often through the ticks with the virus into the human body, the number of viruses into the body more or the body arrived Low resistance when the most susceptible to disease. Sudden onset, fever (mostly high fever), general discomfort with central nervous system damage for its special Levy A3 The incubation period of this

disease is generally 7 to 14 days (1 to 30 days or longer), so the observation period for at least 2 weeks. Severe forest brain Inflammation of the incubation period is shorter, the disease is heavy, poor prognosis, so the patient should be closely observed changes in condition, in order to facilitate timely treatment, improvement Prognosis.

A4 occupational forest encephalitis mainly in the incidence of 5 to 8 months, and have tick bites history; laboratory tests are commonly used indirectly Immunofluorescence examination, showing specific IgM, IgG increased, but also the use of complement binding experiments and hemagglutination inhibition test see double the serum titer increased more than 4 times, help with other encephalitis phase identification.

A5 in this standard diagnostic grading, mild forest encephalitis is equivalent to the previous literature in the "frustration type", moderate forest encephalitis that Equivalent to the previous light, severe forest encephalitis is the past, the general type and heavy - where in the moderate condition on the basis of Obstacles, dysphagia, language disorders and muscle flaccid paralysis and other performance, are classified as severe forest encephalitis.

A6 vaccination can effectively prevent forest encephalitis, due to vaccination after 1.5 to 2 months in order to produce antibodies, so into the forest Vaccination should be completed before March; its validity period is about one year, so the forest workers are required to repeat the vaccination every year.