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WS

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

WS 294-2016

Replacing WS 294-2008

**Diagnosis for poliomyelitis
(English Translation)**

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Table of Contents

- Foreword
- 1 Scope
- 2 Abbreviations
- 3 Diagnostic basis
 - 3.1 Epidemiological history (see Appendix A)
 - 3.2 Clinical manifestations (see Appendix A)

Foreword

This standard 3.3.1, 3.3.2, Chapter 5 is mandatory, the rest are recommended terms.

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

This standard replaces WS 294-2008 "poliomyelitis diagnostic criteria." Since the date of implementation of this standard, WS 294-2008 abolished at the same time.

This standard compared with WS 294-2008, the main technical changes are as follows.

- Added acronyms CPE, L20B, NPEV, RD, VP;
- Added "or recent local occurrence of poliovirus input" (see 3.1.1);
- Added "unvaccinated or incomplete vaccinated OPV or IPV" (see 3.1.2);
- The "incubation period of 3d ~ 35d (usually 5d ~ 14d)" into the "clinical manifestations" section (see 3.2.1, 2008 edition 3.1.2);
- Modify the "early may have fever, throat discomfort, irritability infants and young children" as "early may have fever, throat discomfort, the patient can be annoying Impatient "(see 3.2.2, 2008 edition 3.2.1);
- Removed "and found no other cause" (see 3.2.4, 2008 version 3.2.3);
- Added "or IPV" and "not exposed to vaccine virus" (see 3.3.2);
- Modify the clinical diagnosis of cases, in addition to clinical manifestations or laboratory testing 3.3.2, need to consider the history of epidemiology (see 5.2, 2008 edition of 5.2);
- Modify "qualified stool specimens" to "stool, throat, cerebrospinal fluid or spinal cord tissue" [see 5.4b), 2008 edition 5.4.2];
- Modify "other cases related to OPV" (see 5.5, 2008 edition 5.5);
- According to the polio epidemiological characteristics of changes in Appendix A, polio

etiology, epidemiology and clinical the description of the performance is revised (see Appendix A);

--- According to the WHO laboratory manual, the poliovirus isolation and typing methods to be further standardized (see attached Record B).

This standard was drafted. Shandong Center for Disease Control and Prevention, China Center for Disease Control and Prevention, Jinan Infectious Diseases Hospital.

1 Scope

This standard specifies the diagnosis of poliomyelitis, diagnosis, and differential diagnosis.

This standard applies to all types of medical institutions at all levels and their staff on the diagnosis of poliomyelitis.

2 Abbreviations

The following abbreviations apply to this document.

AFP. acute flaccid paralysis CPE. cytopathic effect cVDPVs. Circulating Vaccine-Derived Polioviruses GB S. Guillain-Barre syndrome (Guillain-Barre syndrome) IgG. immunoglobulin G IgM. immunoglobulin M IPV. poliovirusvaccine (inactivated) iVDPV. Immunodeficiency Vaccine-derived Poliovirus (immunodeficiencyvaccine-derivedpoliovirus) L20B. mouse lung cells transfected with poliovirus receptor gene (mouseLcelsexpressingthehumanpoliovirus receptor NPEV. non-polioenterovirus OPV. oral poliovirus live attenuated vaccine (oralpoliovirusvaccine, live) RD. rhabdomyosarcoma VAPP. vaccine-associated paralytic poliomyelitis VDPV. Vaccine-derived poliovirus VP. virusprotein

3.1 Epidemiological history (see Appendix A)

3.1.1

history of contact with confirmed patients with poliomyelitis; recently has been to the World Health Organization (WHO) recently published spinal gray matter Inflammatory epidemic areas, or recent occurrence of poliomyelitis wild-type input events.

3.1.2

Previously Not Vaccinated or Not Vaccinated with OPV or IPV.

3.2 Clinical manifestations (see Appendix A)

3.2.1

The incubation period is 3d ~ 35d (usually 5d ~ 14d).

3.2.2

may have early fever, throat discomfort, patients may be irritability, diarrhea or constipation, sweating, nausea, muscle soreness and other symptoms.

3.2.3

fever back (a few may be fever in the process) Asymmetry flaccid paralysis. Nervous system examination of limbs and/or abs Asymmetry (unilateral or bilateral) Flaccid paralysis, weakened or disappeared muscular strength of body or limb, diminished or disappeared deep tendon reflex, but no sensation Hindrance.