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WS

INDUSTRY STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

WS/T 196-2017

Replacing WS 196-2001

Classification of tuberculosi

(English Translation)

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Foreword

Chapter 3 of this standard 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 196-2001 "Tuberculosis classification." this standard compared with WS 196-2001, the main technical changes are as follows.

- An increase in latent infection with M. tuberculosis, inactive tuberculosis classification (see 3.1, 3.3);

- Include tracheal tuberculosis, bronchial tuberculosis and tuberculous pleurisy in the classification and management of tuberculosis (see 3.2.2.1).

This standard was drafted. China Center for Disease Control and Prevention, Beijing Chest Hospital Affiliated to Capital Medical University, the PLA third hospital, Capital Medical University Affiliated Beijing Children's Hospital.

1 Scope

This standard specifies the classification of tuberculosis, inspection methods and medical record format.

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This standard applies to all levels of medical and health institutions at all levels of TB classification.

2 Normative references

The following documents for the application of this document is essential. For dated references, only the dated versions apply Pieces. For undated references, the latest edition (including all amendments) applies to this document.

WS 288 Diagnosis of tuberculosis

3.1 Mycobacterium latent infection

Infection with Mycobacterium tuberculosis in the body, but no clinical TB, no clinical bacteriological or radiological TB evidence.

3.2.1 Overview

With tuberculosis-related clinical symptoms and signs, Mycobacterium tuberculosis etiology, pathology, imaging and other tests with active tuberculosis evidence. Active tuberculosis in accordance with the lesion, etiological examination results, drug resistance, treatment history classification.

3.2.2 by the lesion

3.2.2.1 Pulmonary tuberculosis. refers to the tuberculosis occurs in the lungs, trachea, bronchus and pleura and other parts. Divided into the following five types.

a) Primary pulmonary tuberculosis. Including primary syndrome and thoracic lymph node tuberculosis (children also include caseous pneumonia and trachea, bronchial junction nuclear);

b) Hematogenous disseminated tuberculosis. including acute, subacute and chronic hematogenous disseminated tuberculosis;

c) Secondary TB. Including invasive tuberculosis, tuberculous meningitis, caseous pneumonia, chronic fibrous hollow tuberculosis and ruptured lung;

d) trachea, bronchial tuberculosis. including the trachea, bronchial and submucosal tuberculosis;

e) Tuberculous pleurisy. Includes dry, exudative pleurisy and tuberculous empyema.

3.2.2.2 Extrapulmonary tuberculosis. refers to the occurrence of tuberculosis in organs and sites other than the lungs. Such as lymph nodes (except intrathoracic lymph nodes), bone, off Section, genitourinary system, gastrointestinal system, central nervous system and other parts. Extrapulmonary tuberculosis is named after diseased organs and sites.

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3.2.3 According to the etiology test results

The test results are as follows.

a) smear-positive tuberculosis. smear acid-fast staining positive;

b) smear-negative tuberculosis. smear acid-fast staining negative;

c) culture of positive tuberculosis. mycobacterium culture positive;

d) culture of negative tuberculosis. mycobacterial culture negative;

e) Molecular biology-positive tuberculosis. Mycobacterium tuberculosis nucleic acid test positive;

f) Phlegm-free tuberculosis. patients did not receive sputum antacids stained smear, sputum mycobacteria culture, molecular biology.

Pathogenic classification of pulmonary tuberculosis reference implementation.

3.2.4 According to drug resistance status

3.2.4.1
Non-drug-resistant tuberculosis. Mycobacterium tuberculosis infected with tuberculosis patients found no resistance to the anti-TB drugs used in the test in vitro;

3.2.4.2
Drug-resistant tuberculosis. Mycobacterium tuberculosis infected with tuberculosis was confirmed in vitro in the presence of one or more anti-tuberculosis drugs can grow. Drug-resistant tuberculosis is divided into the following types.

a) Single-drug resistant TB, which means that Mycobacterium tuberculosis is resistant to a first-line anti-tuberculosis drug;

b) Multi-drug resistant tuberculosis. Mycobacterium tuberculosis is resistant to more than one first-line anti-TB drug, but excludes isoniazid, rifampin at the same time resistant;

c) Multidrug-resistant tuberculosis (MDR-TB). Mycobacterium tuberculosis is resistant to at least two or more drugs including isoniazid and rifampicin the first-line anti-TB drug resistance;

d) XDR-TB. Mycobacterium tuberculosis In addition to the first-line anti-TB drugs isoniazid, rifampicin resistance at the same time, Also resistant to at least one of the second-line anti-tuberculosis drugs, fluoroquinolones, and three injectables (eg, Kanamycin, amikacin, etc.);

e) Rifampin-Resistant Tuberculosis. Mycobacterium tuberculosis is resistant to rifampin, irrespective of its resistance to other anti-TB drugs.

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3.2.5 According to the history of treatment

3.2.5.1

Newly diagnosed tuberculosis. Newly diagnosed patients refer to one of the following conditions.

a) Patients who have never been treated for anti-TB drugs because of tuberculosis;

b) Patients undergoing standard chemotherapy regimen while under-treated;

c) Patients undergoing irregular chemotherapy for less than 1 month.

3.2.5.2

retreatment tuberculosis. Retreatment patients refer to one of the following conditions.

a) patients who have been treated for more than 1 month with anti-TB drugs due to unreasonable or irregular tuberculosis;

b) Patients with initial failure and relapse.

3.3.1 Inactive tuberculosis

No active tuberculosis related clinical signs and symptoms, bacteriological negative, imaging examination of one or more of the following performance, side by side Lung imaging changes caused by other causes can be diagnosed as inactive pulmonary tuberculosis.

a) Calcified lesions (solitary or multiple);

b) Striped lesions (sharp edges);

c) induration lesions;

d) purify the void;

e) Pleural thickening, adhesions or calcification.

3.3.2 Inactive extra-pulmonary tuberculosis

Non-active diagnosis of extra-pulmonary tuberculosis with reference to the implementation of inactive tuberculosis.

4.1.1 Specimens

Sputum, body fluids (blood, pleural effusion, ascites, cerebrospinal fluid, joint effusion, etc.), pus, lavage fluid and so on.

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