Chinastandards.org

ICS 11.020
CCS C 61

**WS**

# INDUSTRY STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

# WS/T 211-2015

Replacing WS/T 211-2001

## Diagnosis of endemic arsenicosis

## (English Translation)

**Issued on: May 7, 2015** **Implemented on: November 1, 2015**

**Issued by: National Health and Family Planning Commission of the People's Republic of China**

Preview: page 1 of 4 shown, 4 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-t-211-2015

# Table of Contents

Foreword
1 Scope
2 Normative references
3 Terms and definitions
4 Diagnostic principles
4.1 Basic indicators

## Foreword

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

This standard replaces WS/T 211-2001 "diagnostic criteria of endemic arsenic poisoning." this standard compared with WS/T 211-2001, the main technical changes are as follows.

--- Modify the Chinese name and English name;

--- Modify the scope of application;

--- Modify the normative references;

--- Modify the definition of endemic arsenic poisoning;

--- To further clearly describe the diagnosis of endemic arsenic poisoning in the basic indicators of skin keratosis and depigmentation;

--- Removed the original diagnosis of reference indicators on the description of peripheral nerve injury;

--- Modify and further clearly describe the local arsenic poisoning skin lesions grading standards;

--- Increasing the differential diagnosis of endemic arsenic poisoning.

This standard was drafted. School of Public Health, China Medical University, China CDC endemic control center, Inner Mongolia since District endemic disease prevention and control research center.

## 1 Scope

This standard specifies the clinical diagnosis of arsenic poisoning and indexing standards.

This standard applies to the monitoring of arsenic poisoning, prevention, control and clinical



Preview: page 2 of 4 shown, 4 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-t-211-2015

diagnosis.

This standard does not apply to the diagnosis of acute or subacute arsenic poisoning.

## 2 Normative references

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

GB/T 5009.11 Determination of total arsenic and inorganic arsenic in food GB/T 5750.6 standard test methods for drinking water indicators of metal WS/T 28 Determination of arsenic in urine arsenic diethyldithiocarbamate silver triethanolamine spectrophotometric method WS 277 endemic arsenism ward determination and division criteria

## 3 Terms and definitions

The following terms and definitions apply to this document.

Endemic arsenism

A biogeochemical disease. Is resident in a specific geographical environment of the residents, long-term through drinking water, air or food intake Excessive inorganic arsenic caused by skin pigmentation and (or) excessive precipitation, palmoplantar keratosis as the main clinical features of chronic systemic poisoning.

There are strict regional.

Acute/subacute arsenic poisoning Arsenic poisoning in a short time, oral, inhaled or medicinal excess inorganic arsenic poisoning. Arsenic trioxide by oral 5mg ~ 50mg can be Poisoning, 60mg ~ 100mg can be lethal. Oral acute or subacute poisoning early common gastrointestinal symptoms, such as the mouth and throat are dry, Pain, burning, tightening, hoarseness, nausea, vomiting, swallowing difficulties, abdominal pain and diarrhea. In severe cases, poisoning can occur 24h to several days after the call Suction, circulation, liver, kidney and other functional failure and central nervous disease, respiratory distress, convulsions, coma and other critical signs, and even death.

### 4.1 Basic indicators

Residents living in endemic arsenism (WS 277), according to GB/T 5009.11, GB/T 5750.6 and WS/T 28 and other parties Law detection of excessive exposure to arsenic history and meet one of the following clinical features can be diagnosed as endemic arsenic poisoning.

a) Papillary, palpable or verrucosal hyperkeratosis with unexplained skin on the plantar and plantar site for other reasons;

b) speckled and/or blurred edges of unexplained skin with unexplained diffuse or scattered



Preview: page 3 of 4 shown, 4 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-t-211-2015

Chinastandards.org

speckles of the small grains of rice to the size of the round bean pigment missing spots.



Preview: page 4 of 4 shown, 4 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-t-211-2015