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

WS/T 664-2019

**Control of Echinococcosis
(English Translation)**

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Foreword

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

This standard was drafted. China Center for Disease Control and Prevention, China Center for Disease Control and Prevention, Sichuan Province Center for Disease Control and Prevention, Qinghai Province Institute of Endemic Disease Control and Prevention, the First Affiliated Hospital of Xinjiang Medical University, Center for Disease Control and Prevention of Xinjiang Uygur Autonomous Region, People's Medical University of Qinghai Province hospital.

1 Scope

This standard specifies the requirements and assessment methods for hydatid disease epidemic control and spread control.

This standard is applicable to the assessment of targets in different stages of prevention and control of hydatid disease in China.

2 Normative references

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

WS 257 Hydatid disease diagnosis

3 Terms and definitions

The following terms and definitions apply to this document.

Echinococcosis

Also known as Echinococcus disease, it is caused by larvae of Echinococcus spp.

spp.) A parasitic disease caused by parasites in human tissues and organs. Clinical manifestations vary depending on the species and site of the parasite. Mainly cause liver, the main clinical manifestations of lung, brain, bone and other lesions are fever, headache, loss of appetite, diarrhea, weight loss, vomiting, dry cough or cough.

Echinococcus fragments, a small amount of hemoptysis, pain in the liver area, painless mass in the liver area, chest pain, epilepsy, fractures, etc.

Echinococcus spp.

Echinococcus streptococcus parasitic in the small intestine of predators such as canidae and feline. Insect species that cause human infection in China have fine grains Echinococcus granulosus and Echinococcus multilocularis. Echinococcus granulosus parasitizing human body Causes cystic echinococcosis, parasitic human echinococcus multilocularis can cause alveolar echinococcosis.

Echinococcosis prevalence in residents the proportion of hydatid disease (including clinically diagnosed cases and confirmed cases) among the local residents in total.

Echinococcosis prevalence in primary school children the proportion of local children aged 6 to 12 with primary hydatid disease (including clinically diagnosed and confirmed cases) accounted for the number of cases examined.

Infection rate of Echinococcus spp.in dogs the percentage of positive canine echinococcus etiological examinations among the local dogs.

Echinococcosis prevalence in livestock the proportion of cystic hydatid disease in locally raised sheep, cattle, pigs and other livestock has been detected.

Echinococcosis prevalence in rodents the proportion of local rodents suffering from alveolar hydatid disease accounted for the number of subjects tested.

4.1 Outbreak control

Take the township (town, street) as the unit and meet the following.

- a) The prevalence of echinococcosis in residents is < 1%.
- b) E. canis infection rate is < 5%.
- c) The prevalence of livestock hydatid disease is < 8%.

- d) The prevalence of rodent hydatid disease is $< 3\%$.
- e) Archives of hydatid disease control are kept intact.

4.2 Transmission control

In areas where epidemic control is reached, townships (towns, streets) are used as the unit, and the following items are also met.

- a) The prevalence of hydatid disease in children is < 1 per mille.
- b) *E. canis* infection rate is $< 1\%$.
- c) The prevalence of livestock hydatid disease is $< 1\%$.
- d) The prevalence of rodent hydatid disease is < 1 per mille.
- e) Archives of hydatid disease control are kept intact.

5 Assessment

For the content and method of assessment, see Appendix A.

Appendix A

(Normative appendix) Assessment content and methods A.1 Self-assessment the township (town, street) is used as the unit to collect the latest control data for two consecutive years, and the indicators meet the following requirements.

A.1.1 Prevalence of echinococcosis in residents. All townships (towns, streets) have undergone abdominal ultrasound examinations of local residents over 2 years of age. The detection rate is $> 80\%$, diagnosis according to WS 257. Calculate the prevalence of echinococcosis in residents.

A.1.2 Prevalence of hydatidosis in primary school children. Every township (town, street) performs abdominal ultrasonography on primary school children aged 6-12 the detection rate is $> 95\%$, and the diagnosis is performed according to WS 257. Calculate the prevalence of hydatidosis in primary school children.

A.1.3 *Echinococcus canis* infection rate. More than 20 dogs (including packs) in each administrative village (community) were tested by necropsy method or betelline hydrobromide Including domestic dogs and non-owner dogs), and all villages (communities) with less than 20 dogs were examined. Calculate the infection rate of *E. canis*.

A.1.4 Prevalence of livestock hydatid disease. At the slaughter site, at least a random inspection of the main local livestock (sheep, cow or pig) in each township (town, street) 20 organs (liver, lung, spleen, kidney), slice the organs to be inspected to a thickness of 1 cm. Visually inspect both cuts of the cut and wear medical gloves Touch to check for cysts, masses, or nodules. Post-mortem examination of the cysts or indurations found, and

reference to WS 257 for suspected lesions Inspection and identification. Calculate the prevalence of livestock hydatid disease.

A.1.5 Prevalence of rodent hydatid disease. In the epidemic area of alveolar hydatid disease, select rodents within 1 km of the population's residential area Grass, wetland and other environments where animals are frequented, use mouse clips, sticky mouse pads, or irrigate rat holes near their active holes Water and other rodents are caught. Capture more than 300 rodents in each township (town, street) and 100 in each administrative village (community) the above. Visually observe the liver, lung, spleen, kidney and mesenteric lymph nodes for vesicles, masses or nodules after dissection. Refer to suspected lesions WS 257 performs inspections and qualifications. Calculate the prevalence of alveolar hydatid disease in rodents.

A.1.6 Archives. With the township (town, street) as the unit, establish and save various archives that can reflect the local hydatid disease control work.

Mainly include population inspection and treatment, patient outcomes, dog registration management and deworming, dog infection test results, intermediate host infection test results, and health Education and other information.

A.2 Assessment

According to the self-assessment results of each township (town, street), the county-level self-assessment will be formed after all indicators meet the requirements for epidemic control or spread control Report, apply for assessment by level.

A.2.1 Data review

The results of the self-examination report of the townships (towns, streets) of the counties under evaluation show that all indicators meet the corresponding requirements, and the archives show Villages (communities) have carried out dog registration management and deworming.

A.2.2 Sampling review Based on the review of the archives of each township (town, street) in the county, randomly selected 3 townships (town, street) Field inspection review. Each township (town, street) randomly selects 3 villages (communities). Each village (community) randomly checks 20 dogs and asks the head of the household Previously carried out dog registration management and whether or not to drive insects and times. Examination of Echinococcus canis infection with autopsy method or betelline hydrobromide Happening.

references

[1] Eckert J, Gemmell MA, Meslin FX, et al. WHO/OIE Manual on Echinococcosis in Humans and Animals. a Public Health Problem of Global Concern [M] .World Organization for Animal Health (Office International des Epizooties) and World Health Organization, 2001 Reprinted. January [2] Qi Pusheng, Ha Jiang, Turhong, et al. Control strategies and models