Diagnostic Criteria for Schistosomiasis

Diagnostic Criteria for Schistosomiasis

1 Abstract

This standard establishes the diagnostic criteria, principles, guidelines, and differential diagnosis for schistosomiasis.

It is applicable to disease control and prevention institutions at all levels, as well as healthcare institutions, for the diagnosis of schistosomiasis throughout the country.

2 Terminology and Definitions

The following terms and definitions apply to this standard:

2.1 schistosomiasis japonica

Schistosomiasis is a parasitic disease caused by the presence of schistosomes within the human body. In our country, it specifically refers to Japanese schistosomiasis, which is caused by the parasite *Schistosoma japonicum* infecting humans and mammals.

2.2 acute schistosomiasis

Due to a single or repeated infection with a large number of schistosome cercariae within a short period of time, individuals may experience a series of acute symptoms, including fever, hepatomegaly (enlarged liver), and increased eosinophil count in peripheral blood. The incubation period is mostly between 30 to 60 days, with an average of approximately 41.5 days.

2 .3 chronic schistosomiasis

Prolonged exposure to contaminated water or repeated low-level infections with schistosoma cercariae can lead to milder clinical manifestations or even asymptomatic cases. Individuals who have not been cured of acute schistosomiasis can also progress to chronic schistosomiasis.

2.4 advanced schistosomiasis

Advanced schistosomiasis refers to patients with liver fibrosis, portal hypertension syndrome, severe growth retardation, or marked colonic polypoid proliferation due to repeated or heavy infections with schistosoma cercariae, without timely and thorough treatment. Through a pathological development process lasting 2 to 10 years, the condition can progress to advanced schistosomiasis.

3 diagnostic criteria

3.1 Epidemiological History (see Appendix A)

3.1.1 History of exposure to infested water 2 weeks to 3 months before onset
3.1.2 Residing in an epidemic area or having a history of multiple exposures to the epidemic water.

3.2 Clinical manifestations (see Appendix A)

3.2.1 Fever, hepatomegaly, and increased acid granulocytes in the surrounding blood are the main features, accompanied by tenderness in the liver area, enlarged viscera, cough, abdominal distension, and diarrhea.
3.2.2 Asymptomatic, or may have abdominal pain, abdominal sepsis, or bloody stools. Most cases are accompanied by hepatomegaly mainly on the left lobe of the liver, and a few cases are accompanied by splenomegaly.
3.2.3 Clinical manifestations and signs of portal hypertension, or presence of colonic granulomas or dwarfism presentation.

3.3 Laboratory Testing

3.3.1 At least one of the following tests is positive (see Appendix B).
3.3.1.1 Indirect erythrocyte agglutination test.
3.3.1.2 Enzyme-linked immunosorbent assay.
3.3.1.3 Colloidal dye strip test.
3.3.1.4 Ring egg precipitation test.
3.3.1.5 Dot gold immunofiltration test.

3.3.2 Schistosoma eggs or miracidia were found in the category inspection (see Appendix C).
3.3.3 Schistosoma eggs were found in rectal biopsy (see Appendix C).

3.4 Experimental treatment with praziquantel is effective

4 diagnostic principles

Diagnosis is based on epidemiological history, clinical manifestations, and laboratory test results.

5 Diagnostic criteria

5.1 acute schistosomiasis

5.1.1 Suspected cases: should meet both 3.1.1 and 3.2.1.
5.1.2 Clinically diagnosed cases: Suspected cases and 3.3.1 or 3.4 should be met at the same time.
5.1.3 Confirmed cases: Suspected cases and 3.3.2 should be met at the same time.

5.2 chronic schistosomiasis

5.2.1 Clinically diagnosed cases: should meet 3.1.2, 3.2.2 and 3.3.1 at the same time.
5.2.2 Confirmed cases: should meet 3.1.2, 3.2.2 and 3.3.2 or 3.3.3 at the same time.

5.3 advanced schistosomiasis

5.3.1 Clinically diagnosed cases: should meet 3.1.2, 3.2.3 and 3.3.1 at the same time (serodiagnosis of previously diagnosed schistosomiasis can be negative).
5.3.2 Confirmed cases: should meet 3.1.2, 3.2.2 and 3.3.2 or 3.3.3 at the same time.

6 Differential diagnosis (see Appendix D)

6 .1 Differential diagnosis of acute schistosomiasis

Malaria, typhoid fever, paratyphoid fever, liver abscess with lung involvement, sepsis, miliary tuberculosis of the lungs, and leptospirosis have some clinical manifestations similar to acute schistosomiasis. Attention should be paid to differentiation.

6 .2 Differential diagnosis of chronic schistosomiasis

Symptoms of chronic dysentery, chronic colitis, intestinal tuberculosis, and chronic viral hepatitis are sometimes similar to those of chronic schistosomiasis. Attention should be paid to differentiation.

6 .3 Differential diagnosis of advanced schistosomiasis

Attention should be paid to the differential diagnosis of nodular liver cirrhosis, primary liver cancer, malaria, tuberculous peritonitis, chronic myeloid leukemia and other diseases with similar clinical symptoms to advanced schistosomiasis.