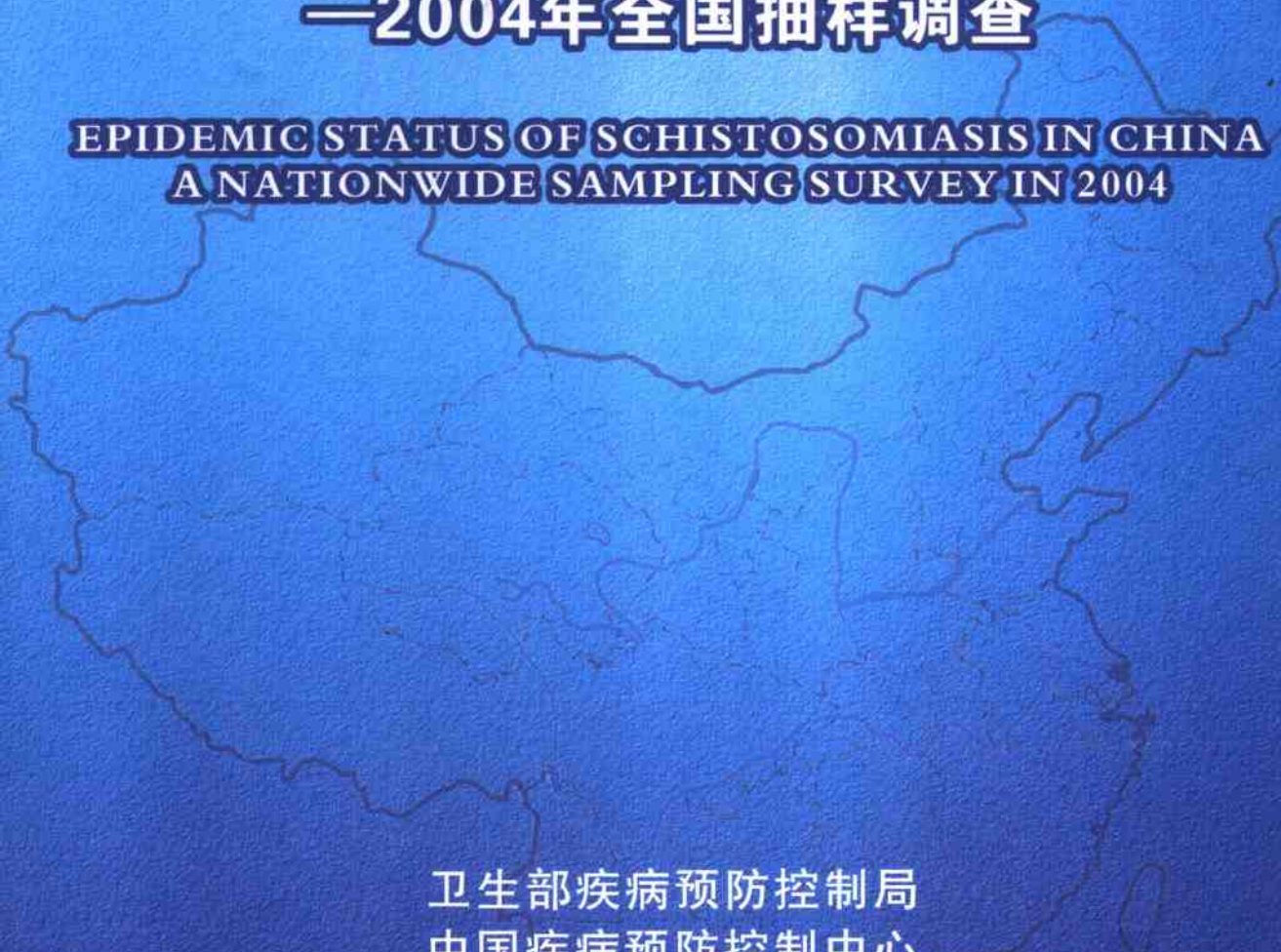


# 中国血吸虫病流行状况

## —2004年全国抽样调查

EPIDEMIC STATUS OF SCHISTOSOMIASIS IN CHINA  
A NATIONWIDE SAMPLING SURVEY IN 2004



卫生部疾病预防控制局  
中国疾病预防控制中心  
中国疾病预防控制中心寄生虫病预防控制所

Bureau of Diseases Prevention and Control, Ministry of Health, the People's Republic of China  
Chinese Center for Disease Control and Prevention, the People's Republic of China  
National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention

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# 序

卫生部曾分别于 1989 年和 1995 年开展了第一次和第二次全国血吸虫病流行状况抽样调查（以下简称全国抽样调查）。这两次全国抽样调查的结果，为制定和评价我国“八五”、“九五”期间血吸虫病防治规划及其效果，为世界银行贷款中国血吸虫病控制项目的立项、实施及其效果评价提供了系统、可靠的数据资料。

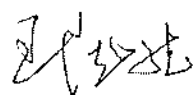
进入 20 世纪 90 年代末期以来，全国血吸虫病流行区环境、流行因素以及防治工作模式均发生了较大变化。为了准确掌握血吸虫病流行现状，为制定全国血吸虫病中长期规划、科学地调整血吸虫病防治策略和确定今后一段时期的血吸虫病防治工作重点提供正确的基线资料，卫生部于 2004 年在湖南、湖北、江西、安徽、江苏、云南、四川 7 省尚未控制血吸虫病流行的地区，组织开展了第三次全国血吸虫病流行现况抽样调查。本次全国抽样调查工作，在卫生部疾病预防控制司的统一领导下，在国家级和各省均成立由管理人员和专家组成的抽样调查技术指导组，全面负责抽样调查工作的组织协调、督查指导和质量控制工作。各抽样县（市、区）均抽调了技术骨干负责本次抽样调查工作的具体实施。在认真总结前两次全国抽样调查经验的基础上，根据血吸虫病流行的特点，本次调查增加了螺情专题调查和流动人口调查等相关内容。在调查实施过程中，采用统一的调查方法、统一采购的检测试剂和器材，加强了质量控制，完善了数据处理系统，使调查数据更加全面、更加科学。在各级卫生行政部门、专业机构和广大技术人员的共同努力下，于 2005 年 2 月前圆满地完成了各项现场调查任务，并及时进行了数据分析和总结工作。

本次抽样调查设计周密，调查数据的完整性、可靠性、科学性、可比性较强。其调查结果作为制定《全国预防控制血吸虫病中长期规划纲要（2004～2015 年）》提供了重要的科学依据。根据本次调查反映出的我国血吸虫病面临的突出问题，特别是家畜传染源没有得到有效控制的问题，卫生部提出了实施“以传染源控制为主的综

合防治策略”这一防治策略的重大转变，从而根本上扭转了长期以来由于防治策略没有随着社会、经济和环境等因素变化作出相应的调整而导致的被动局面。2006年《血吸虫病防治条例》的颁布、实施，为我国实施“以传染源控制为主的综合防治策略”提供了强有力的法律保障，为我们在新的历史条件下，探索和实践血吸虫病控制的新策略、新模式、新途径打下了坚实的基础。

卫生部血吸虫病专家咨询委员会、中国疾病预防控制中心寄生虫病预防控制所、各省血吸虫病防治领导小组办公室、各省血吸虫病防治研究机构以及有关单位的领导和专家，经过大量艰苦细致的工作，在较短的时间内将全国抽样调查资料汇编成册，付出了辛勤劳动。借此机会，特向为本次抽样调查付出辛勤劳动和作出贡献的各级卫生行政部门的同志们、专家和广大技术人员表示衷心的感谢！

本书的编辑出版不仅可为各级卫生行政部门和疾病预防控制机构提供大量科学、翔实的数据和资料，同时对于广大从事血吸虫病以及其他寄生虫病防治、研究工作的专业人员也具有重要的参考价值。由于抽样调查和数据分析工作量大、时间紧迫，不足之处在所难免，敬请广大读者予以指正。



二〇〇六年八月



## PREFACE

Two nationwide sampling surveys on the epidemic status of schistosomiasis were organized and carried out by the Ministry of Health in 1989 and 1995 respectively. The results of survey have provided systematic and reliable data and information for the formulation of the Eighth and Ninth Five-year National Plans on Schistosomiasis Control and assessment of its effect, as well as the setting up, implementation and evaluation of the China Schistosomiasis Control Project through the World Bank Loan.

Since the end of 1990s, the environment, epidemic factors and the pattern of prevention and control in the endemic areas have changed considerably. To understand the current epidemic status of schistosomiasis clearly, to provide accurate baseline data for the formulation of mid-term and long-term projects for schistosomiasis control, to adjust scientifically the strategy for the prevention and control, and to determine the stress for the control of schistosomiasis, the Third Nationwide Sampling Survey on Schistosomiasis was carried out in seven provinces, i.e., Hunan, Hubei, Jiangxi, Anhui, Jiangsu, Yunnan and Sichuan in 2004 under the organization of the Ministry of Health. Technical guiding groups responsible for organization, coordination, supervision and quality control were set up at national and provincial levels for the sampling survey under the leadership of the Department of Diseases Control, Ministry of Health. Technical staff was selected to undertake the implementation of the survey in each county (city, district). Based on the experience got from the former two nationwide sampling surveys, special investigation on *Oncomelania* snails, floating population and others was added in the survey according to the epidemiological characteristics of schistosomiasis. The investigation data should be more comprehensive and scientific in the way of using unified investigation methods, detecting kits and apparatus, reinforcing quality control and perfecting data processing system. Owing to the joint efforts made by the health administrations at various levels and



special institutions as well as technical personnel, all the task of field survey had been accomplished by February 2005, and the data from the survey had been analyzed and the results had been also summed up in time.

The sampling survey is well designed, and the data collected are complete, reliable, scientific and comparable. The investigation results provided important scientific basis for compilation of Mid-term and Long-term Outline for Schistosomiasis Control and Prevention (2004—2015). Based on the outstanding problems in schistosomiasis control revealed in this investigation, especially the problem that domestic animal reservoirs were not effectively under control, the Ministry of Health proposed the integrated strategies of prevention and control that put the stress on control of the sources of the infection. This great change in the control strategy has reversed the passive status of schistosomiasis control and prevention caused by the former strategy which had not been adjusted according to the changed situations such as social, economic and environmental ones. The promulgation and implementation of the “Regulations for Schistosomiasis Control and Prevention” in 2006 have provided powerful legal guarantee for carrying out the comprehensive control strategies that primarily put the stress on control of the sources of infection and laid a solid foundation for exploration and practice of creative strategies, patterns and approaches in schistosomiasis control in new historical background.

Leaders and experts in the Expert Advisory Committee for Schistosomiasis, Ministry of Health, the National Institute of Parasitic Diseases, China CDC and Provincial Offices of the Leading Group for Schistosomiasis Control, as well as Provincial Institute for Schistosomiasis Control and related units have been working arduously and carefully, and have compiled the nationwide survey data into this book. I would like to take this opportunity to express my sincere thanks to these experts and professionals of health administration departments and health institutions at various levels for their painstaking work and contribution in the sampling survey.

The compilation and publication of this book will provide abundant, scientific and

detailed data and information for health administrations at various levels and institutions for disease prevention and control, and also have the value of important reference for the professional staffs working in the field of prevention, control and research of schistosomiasis and other parasitic diseases in China. Owing to the heavy working load for sampling survey and data analysis within a relatively short period of time, shortcomings are unavoidable. Please point out if there are any.

By Wang Longde

Ministry of Health, People's Republic of China

August 2006.

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**第一部分**  
**抽样调查计划和实施细则**

**Part I**  
**The Work Plan and Detailed Scheme**





# 第三次全国血吸虫病流行病学抽样调查方案

血吸虫病是一种严重危害疫区人民身体健康,阻碍经济发展和社会进步的重大传染病。据 2002 年统计,全国有 427 个流行县(市、区),流行村 37 246 个,流行村总人口 6 453.66 万人。全国有血吸虫病病人约 81 万人,其中晚期血吸虫病病人 2.6 万人,急性血吸虫病病人 913 例,血吸虫病在江湖洲滩和大山区的流行态势日趋严重。

卫生部分别于 1989 年和 1995 年开展了第一、二次全国血吸虫病流行病学抽样调查,为我国制定“八五”、“九五”防治规划提供了科学依据。第二次调查距今已有 9 年,期间血吸虫病流行因素、疫情发展态势及防治模式已发生了较大变化。为准确掌握当前血吸虫病疫情,提出适合市场经济体制条件下预防控制血吸虫病的规划和防治策略,特于 2004 年开展第三次全国血吸虫病流行病学抽样调查(以下简称流调)。

## 一 调查范围

目前全国仍有血吸虫病流行的疫区(即湖北、湖南、江西、安徽、江苏、四川和云南等 7 省尚未达到血吸虫病传播阻断标准乡镇的所有流行村)。达到血吸虫病传播阻断标准的地区,根据近年来的监测结果,可参照本方案自行安排调查。

## 二 抽样方法与调查对象

### (一) 抽样方法

以行政村为抽样单位,以各调查省为主层,按血吸虫病流行区类型及亚型划分第一亚层,再按居民血吸虫感染率(1%以下,1%~5%,5%~10%)划分第二亚层,在该层中整群随机抽取 1%的行政村为调查点。如该层不足 100 个行政村时,随机抽取 1 个行政村作为调查点。

每省在经抽样确定的调查点中按血吸虫感染率(1%以下,1%~5%,5%~10%)各随机抽取 1 个行政村,作为体检调查点。

每省随机抽取 3 个未控制县(市、区),与经抽样确定的全部调查点,进行螺情专题调查。

### (二) 调查对象

1 人群 各调查点常住人口中 6~65 岁居民 1 000 名,受检率不低于 90%。调查点居民人数不足 1 000 名时,应由邻近流行类型和居民感染率相同的行政村抽取部分村民组补足人数。

各调查省另选 2~3 个有代表性的水域,调查该水域的渔(船)民感染情况,每个水域调查人数不少于 100 名。

2 家畜 各调查点随机抽样调查放养的牛(黄牛、水牛)、猪和羊各 100 头,不足 100 头者普查。