

RINGKASAN

**Faktor Yang Berhubungan Dengan Terjadinya Kusta Subklinis
Pada Narakontak Serumah dan Tidak Serumah Penderita Kusta**

Studi Epidemiologi

Pada Desa Endemik Dan Hiperendemik Kusta
Di Kecamatan Talango Kabupaten Sumenep

Penderita kusta Kabupaten Sumenep tahun 2004 berjumlah 667 orang, prevalensi 6,63 per 10.000 penduduk, paling tinggi nomer 2 di Propinsi Jawa Timur sebagai daerah endemik kusta. Kecamatan Talango merupakan kecamatan tertinggi di Kabupaten Sumenep dengan prevalensi 30,9/10.000 penduduk. Selain itu hasil pemeriksaan Kontak Intensif tahun 2004 di Sumenep jumlah penderita yang ditemukan lebih banyak yang merupakan penderita kontak tetangga 188 (83,6%) daripada kontak serumah 37 (16,4%).

Penelitian ini bertujuan untuk mempelajari karakteristik individu dan lingkungan pada narakontak serumah dan tidak serumah penderita kusta (umur, wilayah, jenis kelamin, tingkat pendidikan, lama kontak, keadaan ventilasi, lantai rumah, padat penghuni, pencahayaan). Melakukan uji serologik pada narakontak serumah dan tidak serumah penderita kusta. Menganalisis faktor karakteristik narakontak serumah dan tidak serumah yang berhubungan dengan terjadinya kusta subklinis di desa endemik dan hiperendemik kusta Kecamatan Talango.

Metode yang digunakan adalah rancangan studi crosssectional. Sampel pada penelitian ini 100, berasal dari narakontak serumah penderita kusta sebesar 50 responden dan tidak serumah 50 responden. Dari 50 responden narakontak serumah tersebut berasal dari daerah endemik (Gapurana) sebanyak 25 dan hiperendemik (Kombang) sejumlah 25, demikian juga 50 responden narakontak tidak serumah berasal dari daerah endemik 25 dan hiperendemik 25. Pengumpulan data dilakukan dengan observasi dan wawancara dilapangan terhadap karakteristik responden dan lingkungannya. Sedangkan pengambilan sampel darah (untuk diambil dan diperiksa serumnya) dilakukan secara langsung terhadap responden, untuk selanjutnya dilakukan tes serologi ELISA di laboratorium Leprosy TDC – UNAIR.. Data disajikan secara diskriptif dan juga dianalisa menggunakan analisis Chi-Square untuk uji hubungan dan analisis Regresi Logistik untuk uji pengaruh.

Hasil penelitian menunjukkan jumlah seropositif infeksi kusta untuk IgM adalah 28 orang (28%). Dimana proporsi seropositif antibody kusta narakontak serumah ada 13 responden dan pada narakontak tidak serumah adalah 15 responden. Dengan $p=0,656$ ($p > 0,05$) tidak terdapat hubungan yang bermakna atas terjadinya seropositif antibody kusta pada kelompok narakontak serumah dan tidak serumah. Jika dilihat menurut wilayah diketahui bahwa dari 28 subklinis kusta positif tersebut berasal dari daerah endemik (Gapurana) ada 12 responden, dari daerah hiperendemik (Kombang) ada 16 responden. Dengan $p=0,373$ ($p > 0,05$) tidak terdapat hubungan yang bermakna atas terjadinya seropositif antibody kusta pada daerah endemik dan hiperendemik.

Dengan uji Chi - square diketahui $p > 0,05$ tidak terdapat hubungan antara faktor wilayah, umur, jenis kelamin, kepadatan penghuni, keadaan ventilasi, keadaan lantai. Dengan $p < 0,05$ ada hubungan lamanya kontak, tingkat pendidikan dan pencahayaan alami dengan terjadinya seropositif antibody kusta.

Saran yang dapat diajukan untuk peneliti lain adalah perlunya dilakukan penelitian lebih lanjut dalam masalah kusta, dengan memperhatikan faktor lingkungan dan staus gizi. Sedangkan untuk pemegang program, tetap secara aktif menemukan penemuan kasus baru, bila mungkin menggunakan teknik serologi untuk pemantauan dini di daerah endemik, dengan menggalang partisipasi aktif keluarga penderita.

SUMMARY

Factors Correlated with Subclinical Leprosy Prevalence In Household and Non Household Contacts Of Leprosy An epidemiologi study in endemic and hyperendemic villages In Talango district of Sumenep region

In 2004, Leprosy in Sumenep Regency was the second highest of the East Java province with 667 patients and a prevalence rate of 6.63/10,000 inhabitants confirming as an endemic leprosy region. The Talango District in Sumenep had the highest prevalence rate of 30.9/10,000. The result of 2004 Intensive Contact Examination revealed 188 findings (83.6%) of outhouse contacts compared to 37 inhouse contacts (16.4%).

The aim of this research was to study individual and environmental characteristics of Inhouse and Outhouse contacted persons of leprosy patients (age, region, sex, education, contact length, ventilation, house floor, population density, and lighting); to perform a serological test on Inhouse and Outhouse contacted persons; and to analyze characteristic factors of Inhouse and Outhouse contacted persons relating to the prevalence of Subclinical Leprosy at endemic as well as at hyperendemic villages of Talango District.

This was a cross-sectional study with 100 samples consisted of 50 Inhouse respondents and 50 Outhouse contacted person respondents. The origin of Inhouse contacted persons was 25 respondents from Gapurana (endemic area) and 25 from Kombang (hyperendemic area). The Outhouse respondents were also 25 from the endemic area and 25 from the hyperendemic area. Data collecting was done by observation and field interview on respondent's characteristics and their environment. Blood sample collections were done directly to respondents followed by ELISA serological test at TDC-UNAIR Leprosy laboratory. Data was presented descriptively after being analyzed by Chi-square test to find the correlation, and by Logistic Regression to find its influence.

The result showed Leprosy infection IgM seropositive was 28 persons (28%) constituted of 13 Inhouse and 15 Outhouse respondents. $p=0.656$ ($p > 0.05$) stated no significant correlation between Inhouse and Outhouse seropositive of Leprosy infection. Viewed from patient's region, 12 respondents out of 28 were originally from Gapurana endemic area and 16 respondents were from Kombang hyperendemic area. $p=0.373$ ($p > 0.05$) showed no significant correlation of seropositive findings between endemic and hyperendemic area.

From Chi-square test, it was found out $p > 0.05$, no significant correlation of region, age, sex, population density ventilation, floor condition, while $p < 0.05$ showed that contact-length, education level and natural lighting had significant correlations with Leprosy antibody seropositive.

A suggestion to other researchers is to do further Leprosy studies by giving special attentions to nutrition and environmental condition. An advice for program coordinator is to keep actively finding new cases through serologic technique for early surveillance at endemic areas and through active participation of patient's family.

ABSTRACT

Factors Correlated with Subclinical Leprosy Prevalence In Household and Non Household Contacts Of Leprosy An epidemiologi study in endemic and hyperendemic villages In Talango district of Sumenep region

Leprosy, caused by *Mycobacterium leprae*, is a disease that has a registered prevalence of 641.091 people in the world currently under treatment with about the same number of new cases detected each year. An Inhouse and Outhouse Contacted Persons with a patient M.B leprosy untreated is more risky than an occasional extra-familial one. Subclinical leprosy is regarded to healthy individuals who showed positive serological reaction to the specific all leprae antigen, without any clinical sign.

The aim of this research was to study individual and environmental characteristics of Inhouse and Outhouse contacted persons of leprosy patients (age, region, sex, education, contact length, ventilation, house floor, population density, and lighting); to perform a serological test on Inhouse and Outhouse contacted persons; and to analyze characteristic factors of Inhouse and Outhouse contacted persons relating to the prevalence of Subclinical Leprosy at endemic as well as at hyperendemic villages of Talango District.

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From Chi-square test, it was found out $p > 0.05$, no significant correlation of region, age, sex, population density ventilation, floor condition, while $p < 0.05$ showed that contact-length, education level and natural lighting had significant correlations with Leprosy antibody seropositive.

A suggestion to other researchers is to do further Leprosy studies by giving special attentions to nutrition and environmental condition. An advice for program coordinator is to keep actively finding new cases through serologic

technique for early surveillance at endemic areas and through active participation of patient's family.

Keyword : Subclinical Leprosy, household contact, ELISA test.

