

## RINGKASAN

BP4 Surabaya sebagai UPT Dinas Kesehatan Provinsi Jawa Timur telah melaksanakan program Pemberantasan TBC Paru dengan strategi DOTS sejak tahun 2003. Berdasarkan arsip laporan TB 08 Triwulan I s/d Triwulan IV tahun 2004 dapat dievaluasi bahwa angka TBC DO adalah 36,8%. Bila dibandingkan dengan angka kesembuhan nasional 85% maka jumlah kasus DO di BP4 Surabaya tinggi. Kasus TBC DO banyak terjadi pada penderita yang masih menjalani fase intensif yaitu 31,6% atau 82,9% dari seluruh jumlah kasus TBC DO.

Dari keadaan ini maka timbul permasalahan, model sistem surveilans yang mana yang dapat digunakan untuk mencegah terjadinya DO?

Tujuan umum penelitian ini adalah mengembangkan model sistem surveilans TBC Paru kasus TBC DO dengan tujuan khusus mengidentifikasi komponen sistem surveilans TBC DO yaitu mengidentifikasi tujuan, ruang lingkup, *input* (kebutuhan data, sarana dan prasarana, tenaga, biaya, metode), proses (pengumpulan dan pengolahan data, analisis, interpretasi data serta diseminasi informasinya), *output* (informasi epidemiologi yang dihasilkan) dan mencari faktor risiko penyebab terjadinya kasus TBC DO.

Metodologi penelitian yang digunakan adalah metodologi pengembangan. Subyek penelitian ini adalah tim surveilans TBC Paru di BP4 Surabaya dan penderita kasus TBC DO. Kegiatan dilakukan selama sepuluh bulan sejak pembuatan praproposal bulan Oktober tahun 2005 sampai Juli 2006. Pengumpulan data penelitian adalah menggunakan metode wawancara, observasi serta telaah dokumen.

Hasil identifikasi terhadap sistem surveilans TBC Paru yang sudah berjalan sejak tahun 2003 dengan menggunakan strategi DOTS adalah : sistem belum mencapai tujuannya yaitu mencegah terjadinya kasus TBC DO. Data penderita terutama nama dan alamat tidak valid. Walaupun data penderita mangkir yang tidak mengambil obat selama dua hari berturut-turut dapat dipantau pada sarana TB elektronik yang telah ada, tetapi tidak pernah ditindaklanjuti karena belum ada manajemen penanganan kasus TBC DO. Masalah lain adalah tidak ada tenaga khusus yang menangani kasus TBC DO, tidak ada biaya untuk pelacakan kasus dan belum ada metode khusus untuk kegiatan pelacakan kasus. Pengolahan data kasus mangkir belum dilakukan. Kegiatan pencatatan dan pelaporan yang berkaitan dengan kasus TBC DO adalah menganalisis TB 03 menjadi bentuk laporan TB 08 (hasil pengobatan). Jumlah kasus TBC DO dilaporkan setiap tiga bulan sekali ke Dinas Kesehatan Provinsi. Dari hasil penelitian terhadap faktor risiko penyebab DO diperoleh bahwa penyebab kasus TBC DO adalah karena pemahaman penderita tentang akibat yang ditimbulkan bila makan obat tidak teratur masih belum baik sehingga bila penderita merasa sudah sembuh, mereka akan menghentikan pengobatannya.

Berdasarkan hasil penelitian maka diusulkan pengembangan sistem surveilans kasus TBC DO yang diharapkan dapat menekan terjadinya kasus TBC DO. Pada model sistem yang akan dikembangkan dengan metode pelacakan kasus, BP4 Surabaya bekerja sama dengan Dinas Kesehatan Kabupaten/Kota khususnya Surabaya. Pendataan penderita diharapkan menyertakan KTP. Untuk meningkatkan pengetahuan masyarakat diharapkan adanya peningkatan penyuluhan oleh petugas. Untuk meningkatkan koordinasi, maka perlu memperkuat jejaring surveilans

## SUMMARY

Surabaya Lung Clinic that is a health service unit of East Java of Provincial Health Service has been carrying out National Tuberculosis Program with Directly Observed Treatment, Shortcourse Strategy as the most effective treatment strategy available for controlling tuberculosis since 2003. Based on files of the treatment outcomes of tuberculosis by the year 2004, the rate of defaulter of Surabaya Lung Clinic that was 36,8%, the defaulter is still a problem. It most happened in the intensive phase, that was 31,6% or it was 82,9% of the total of defaulters.

The problem is, 'What kind of the exactly model of tuberculosis surveillance of defaulter will be applied to eliminate defaulter?'

This study aimed to develop a model of Tuberculosis surveillance of defaulter by identifying components of surveillance system of Tuberculosis of defaulter that are objective, scope, the need of data, the need of worker, the need of materials, the need of cost, the need of method, the collecting and processing of data, the analysing of data, interpretation of data, information of epidemiology, dissemination of information and searching of risk factors caused the defaulters.

The method of this study was a development study. The subjects were Surveillance Team of Tuberculosis Program, defaulters and the patients who have still been in active treatment. This study had been executed in ten months period included the activity of application of the proposal of this study. The collecting of data of this study was executed by interviewing the subjects, observing materials, the process of collecting data of surveillance and studying of document of files.

The result of identifying of surveillance system of tuberculosis was the system had not been reaching the objective of system that was to prevent the accident of defaulter. The data of the patients who were absent to get their drugs could be evaluated by showing the register that available. The data had never been followed up because of some problems that were no manajemen of following up the defaulter, no special staff for the job, no analyzing of defaulters who were absent for getting the drug, no cost for the program and no method. The activity of recording and reporting of defaulter was to analyze TB 03 register became TB 08 which report the treatment outcomes of tuberculosis. The number of defaulter was reported to Provincial Health Service in three months period. The result of this study of risk factors caused defaulter was the knowledge of the patients was still bad, especially the knowledge of outcome of irregular treatment or stopping to get the drug before completing the treatment. The patients would have stopped their treatment if they had been felt cure.

Based on this result, the researcher proposed a model of development of surveillance system of Tuberculosis of defaulter that will prevent defaulter of tuberculosis. In the development model, Surabaya Lung Clinic will cooperate with districts especially Surabaya. The registration of the patient of the name and home address should attach the identity card. The knowledge of tuberculosis of patients can be improved by promoting of health education in the clinic that is to give patient an aknowledge about the outcome of default. For increasing coordination between Lung Clinic and Districts, the networking of surveillance of tuberculosis has to be strenghtened.

## ABSTRACT

The number of defaulter of Surabaya Lung Clinic is high. The treatment outcomes by the year 2004 showed the rate 36,8% of defaulter. The defaults were most happened in the intensive phase, the rate was 31,6%, the remaining was in the continuation phase.

Based on the facts, this study was executed to find out a model of surveillance system of tuberculosis of defaulter.

The method of this study was a development study. The subjects were Surveillance Team of Tuberculosis Program, the defaulters and the patients who were still in active treatment. This study had been executed in ten months included the activity of application of the proposal of this study. The collecting of the data of this study was executed by interviewing the subjects, observing materials, the process of collecting data of surveillance and studying of document of files.

The surveillance system of tuberculosis had not been reaching the objective of the system that was to prevent the defaulter of tuberculosis. The data of the patients interrupted of their treatment were available. The data had never been followed up because of the weakness of surveillance of tuberculosis that were no manajemen of following up the defaulter, no special worker for the job, no cost for the program and no method. The activity of recording and reporting of defaulter was to analyze TB 03 register be came TB 08 which report the treatment outcomes of tuberculosis. The number of defaulter was reported to Provincial Health Service in three months period. The result of this study of risk factors caused defaulter was the knowledge of the patients was still poor, especially the knowledge of outcome of irregular treatment or stopping to get the drug before completing the treatment. The patients would have stopped their treatment if they had been felt cured.

The registration of the name and the home address of the patients should attach the identity card. To improve the knowledge of patient of tuberculosis can be carried out by promoting of health education in the clinic that is to give patients an aknowledge of the outcome of default. The networking of surveillance of tuberculosis has to be strenghtened.

**Key word: Tuberculosis, defaulter, surveillance system of tuberculocis of default, the valid data of the patient, health promotion, strenghten the networking of surveillance of tuberculosis**