

**PENGEMBANGAN BASIS DATA SURVEILANS EPIDEMIOLOGI DEMAM
BERDARAH DENGUE (DBD) DI DINAS KESEHATAN KABUPATEN
TRENGGALEK**

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SUMMARY

The background of database development were ineffective and inefficient of DHF epidemiological surveillance data compilation, lack of data accuracy, lack of sharability, and completeness of information on districts's DHF surveillance performance indicators. The objective of this research was to develop DHF epidemiological surveillance database that could provide the quality information for Trenggalek District Health Office.

This research was an action research. The research was conducted in the DHF P2 Program, P2 Section, P3-PL Division of Trenggalek District Health Office at November 2009 until July 2010. Research informants were the Head of the P3-PL, Head of P2 Section, DHF P2 Program Manager, and DHF surveillance staff. Types of data were primary and secondary data. Primary data was obtained by structured interview and observation techniques, while the secondary data was obtained by the study of documents. Processing and data analysis of database used Epi-Info for Windows Version 3.5.1.

Analysis of DHF epidemiological surveillance system in Trenggalek District Health Department was used to determine the need of data and information, then designing the database. Development design of the database based on relational models was started from data normalization and relating. The next step was physical design that used Epi-Info software for Windows Version 3.5.1.

Database development result tried to DHF P2 Program Manager and DHF surveillance staff. Results of DHF epidemiological surveillance database testing were information of the number of W2 reports, timeliness of W2 reports, endemic districts, the distribution of DHF cases according to epidemiology variables (people, places, and time), the season of DHF infection, tendency/trend of DHF, the data demographics of districts, the number of DHF patients and DHF patients who died, the number of houses/buildings were checked for larvae, the number of houses/buildings that negatively pinched, the number of epidemiology investigation, the number of villages were carried out the PSN, the number of villages were carried out abatisation, the number of houses were fogged and the number of villages carried out ULV.

Evaluation of DHF epidemiological surveillance database showed the ease of data entry and storage, the most respondent explained that uneasy of data processing, and uneasy of data and information access. The most respondents explained that fast of data entry, data processing were varied from slow, fast, and very fast; data storage and retrieval of data and information were varied from slow to very fast. The shortest time in succession were data storage, retrieval data and information, data entry, and data processing. Database were accurate and almost all information were needed by user could be displayed.

The next system development required the trained staff of using Epi-Info, mapping area of DHF spreading, and there were opportunities to apply the system development by conducting the training of existing officers, the utilization of available facilities and funds that have been running system maintenance. x

Database development of DHF epidemiological surveillance has several weaknesses were needed to test the further implementation, the data was stored into application program so additional data would added the file size of application program, rely on computer systems and electrical stability, weaknesses in the data security because the application program was public access, required the database manager, and there were four main menus in the database so that users must understand the database design.

