

ABSTRAK

Evaluasi Program Deteksi Dini Kasus DBD di Kulon Progo Tahun 2022

Latar belakang: Dalam kurun tiga tahun terakhir Kabupaten Kulon Progo mengalami peningkatan kasus DBD yang diikuti dengan peningkatan *case fatality rate* (CFR) dari 0,86% di tahun 2021 menjadi 2,6% di tahun 2022. tujuan Penelitian ini untuk menggambarkan program deteksi dini kasus DBD di Kabupaten Kulon Progo.

Metode: Penelitian bundling ini menggunakan pendekatan *realist evaluation* pada sub studi evaluasi program, dan *mix method* pada sub studi analitik dengan desain *cross sectional*. Kualitas dan fungsi utama surveilans, pelaksanaan deteksi kasus DBD (input, proses dan output) dan faktor risiko perilaku mencari fasilitas pelayanan kesehatan diamati pada penelitian ini. Bertempat di 21 Puskesmas, 2 RS, 2 Klinik dan kunjungan rumah di Kabupaten Kulon Progo. Data diambil menggunakan kuesioner terstruktur dan dianalisis menggunakan *MS excel* dan aplikasi *STATA 15*. Analisis deskriptif dilakukan pada evaluasi surveilans dan program. Uji *chi square* dan *binomial regression* digunakan pada penelitian analitik untuk melihat hubungan dan besar faktor risiko.

Hasil : Sistem surveilans dengue di Kabupaten Kulon Progo masih belum sederhana, 81% laporan belum tepat waktu. Data endemisitas, laporan PE, SOP kewaspadaan dini belum tersedia. hanya 62% puskesmas melakukan analisis data untuk memantau kecenderungan penyakit dan baru 67% yang memiliki formulir DP-DBD. Kegiatan Supervisi dan Sosialisasi pedoman PNPK tatalaksana kasus DBD juga belum dilaksanakan. Masih terdapat fasyankes yang belum melaksanakan monitoring ketersediaan logistik diagnostik dan deteksi kasus sesuai pedoman. Dampaknya hanya sebagian fasyankes dengan ketersediaan logistik (33,3%) dan konfirmasi kasus (38,1%) dengan kategori baik. Jenis fasyankes pertama kali dikunjungi dan persepsi terkait COVID-19 berhubungan dengan perilaku keterlambatan mencari layanan kesehatan pada pasien DBD

Kesimpulan : Program deteksi dini kasus DBD di Kabupaten Kulon Progo sudah cukup baik. Perbaikan diperlukan pada kesederhanaan pelaporan DBD, pelaksanaan fungsi utama sistem surveilans, dan proses pelaksanaan deteksi kasus di fasyankes. Jenis fasilitas pelayanan kesehatan dan persepsi terkait COVID-19 merupakan faktor risiko perilaku mencari fasilitas pelayanan kesehatan pada pasien DBD.

Kata kunci: demam berdarah dengue, deteksi dini, binomial regresi, surveilans dengue

ABSTRACT

Evaluation of Dengue Haemorrhagic Fever (DHF) Early Detection Program in Kulon Progo, 2022

Background: In the last three years, Kulon Progo Regency has experienced an increase in dengue cases, followed by a rise in the case fatality rate (CFR) from 0.86% in 2021 to 2.6% in 2022. Purpose This study describes the early detection program for dengue cases in Kulon Progo Regency.

Method: This bundling research used a realist evaluation approach in program evaluation sub-studies and a mixed method in analytical sub-studies with a cross-sectional design. The quality and main functions of surveillance, the implementation of dengue case detection (inputs, process, and outputs), and risk factors for seeking healthcare facilities' behavior were observed in this study. Located in 21 Puskesmas, 2 Hospitals, 2 Clinics and home visits in Kulon Progo Regency. Data was taken using a structured questionnaire and analyzed using MS Excel and STATA 15 application. Descriptive analysis is performed on surveillance and program evaluations. Chi-square and binomial regression tests are used in analytical research to see the relationship and magnitude of risk factors.

Results: The dengue surveillance system in Kulon Progo District still needs to be simplified; 81% of reports must be timely. Endemicity data, PE reports, and early vigilance SOPs are unavailable. Only 62% of puskesmas conducted data analysis to monitor disease deficiency, and only 67% had DP-DHF forms. Supervision and socialization activities for PNPK guidelines for dengue case management have also yet to be implemented in the case detection program. There are still health facilities that still need to carry out monitoring of diagnostic logistics availability and case detection according to guidelines. The impact is only part of the health facilities with the availability of logistics (33.3%) and confirmation of cases (38.1%) in the good category. The type of health facility first visited and perceptions related to COVID-19 are related to the behavior of delays in seeking healthcare in dengue patients.

Conclusion: The early detection program for dengue cases in Kulon Progo district is quite good. Improvements are needed in the simplification of dengue reporting, the implementation of the main functions of the surveillance system, and the process of implementing case detection in health facilities. The type of healthcare facility and and perceptions related to COVID-19 are a risk factors for the behavior of seeking healthcare in DHF patients.

Key words: dengue hemorrhagic fever, early detection, regression binomial, dengue surveillance