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REPORTING SURVEILLANCE DATA ON INFECTIOUS AND NON-COMMUNICABLE DISEASES AT THE BAULA COMMUNITY HEALTH CENTER

Elma Elmika[1*], Kusmi[2], Hasniar[3]

[1]*Health Administration Dept. Faculty of Health (Institute of Health and Business Technology Menara Bunda Kolaka)*

[2]*Undergraduate of Health Administration Dept. Faculty of Health (Institute of Health and Business Technology Menara Bunda Kolaka)*

[3]*Undergraduate of Health Administration Dept. Faculty of Health (Institute of Health and Business Technology Menara Bunda Kolaka)*

[*]*Corresponding author: elmaelmika11@gmail.com*

Abstract

Health surveillance is a systematic and continuous observation of data and information related to the incidence of disease or health problems and conditions that affect the increase in disease transmission or health problems to obtain and provide information as reference material for disease control and management actions. Surveillance is organized through data collection, data processing, data analysis, and data dissemination which become an inseparable unit to provide objective, measurable, and comparable informatzion for decision-making. The purpose is to find out how the Epidemiological Surveillance Data Reporting Process of infectious and non-communicable diseases in Baula Public Health Center, Kolaka Regency. Descriptive research type with a cross-sectional approach. The informant in this study was the P2P Officer of Baula community health center. The results showed that implementing infectious and non-communicable disease surveillance reporting at the Baula Health Center includes data on the network of auxiliary health centers and village maternity centers. The Baula Health Center Service System uses the SKDR (Early Vigilance and Response System). Reporting recording activities are by the available schedule, but the private clinic network and Independent Midwives do not yet exist.

Keywords: *Reporting, Epidemiological Surveillance, Infectious and Non-Diseases*

1. INTRODUCTION

Health surveillance is the continuous systematic collection, analysis, and interpretation of health data essential for planning, implementing, and evaluating public health activities. The guidelines for organizing the Health Epidemiology surveillance system are a process of collecting, processing, analyzing, interpreting data systematically and continuously and disseminating information to units that need consideration in making decisions or policies. (Mpofu et al., 2023).

According to WHO, 2004 surveillance is the process of collecting, processing, analyzing and interpreting data systemically and continuously and disseminating information to units that need to take action. Based on the above definition, it can be seen that surveillance is a disease observation activity that is carried out continuously and systematically on the incidence and

distribution of disease and factors that affect it in the community so that countermeasures can be taken to take effective action (Hastuti et al., 2023).

According to the World Health Organization (WHO), deaths from non-communicable diseases (NCDs) are expected to continue to increase worldwide, with the largest increase occurring in middle and poor countries. More than two-thirds 70% of the global population will die from non-communicable diseases such as cancer, heart disease, stroke and diabetes. In total, by 2030 it is predicted that there will be 52 million deaths per year due to non-communicable diseases, up 9 million from the current 38 million, reporting data from WHO in 2024 infectious diseases such as rabies which reached 48 deaths until April 2024, and Dengue Fever (DHF) reported 621 deaths nationwide. On the other hand, deaths from infectious diseases such as malaria, tuberculosis, or other infectious diseases will decrease, from 18 million today to 16.5 million in 2023.(Kemenkes RI, 2019)

Infectious diseases are still a major public health problem in Indonesia, in addition to the increasing problem of non-communicable diseases. Infectious diseases do not recognize administrative boundaries, so the eradication of infectious diseases requires cooperation between regions, for example between provinces, districts / cities and even between countries. Some infectious diseases that are a major problem in Indonesia are diarrhea, malaria, dengue hemorrhagic fever, influenza, abdominal typhus, gastrointestinal diseases and other diseases. (Departemen Kesehatan Republik Indonesia Direktorat Jendral PPM-PLP Direktorta Epidemiologi dan Imunisasi, 2018)

Some non-communicable diseases that show an increasing trend are coronary heart disease, hypertension rising from 25.8% to 34.1%, cancer 1.4% to 1.8%, diabetes mellitus rising from 6.9% to 8.5%, accidents and so on. (Kemenkes RI, 2019)

Communicable disease surveillance, is a continuous and systematic analysis of communicable diseases and risk factors, to support efforts to eradicate communicable diseases such as Immunization Preventable Communicable Diseases (PD3I), Acute Flaccid Paralysis (AFP), Dengue Hemorrhagic Fever (DHF)/Dengue Shock Syndrome (DSS), malaria, zoonoses (anthrax, rabies, leptospirosis), filariasis, tuberculosis (TB), diarrhea, abdominal typhoid, helminthiasis, other stomach diseases, leprosy, HIV/AIDS, pneumonia (including SARS) (Amiruddin, 2012).

Epidemiological surveillance of non-communicable diseases is a continuous and systematic analysis of non-communicable diseases and risk factors to support efforts to eradicate non-communicable diseases such as hypertension, stroke, Coronary Heart Disease (CHD), Diabetes Mellitus (DM), neoplasms, Chronic Obstructive Pulmonary Disease (COPD), mental disorders, and health problems due to accidents. (Akbar et al., 2019)

Report completeness is the simplest performance measurement method, and if formulated appropriately, can support surveillance performance measurement that identifies surveillance performance problems in a more focused and timely manner. A good formulation of report completeness is the completeness of the initial data source unit report (service unit), but in the implementation of national and provincial surveillance systems, it is more often based on the completeness of the data collection unit report. The purpose of the study was to determine how the Epidemiological Surveillance Data Reporting Process of infectious and non-communicable diseases in Baula Public Health Center, Kolaka Regency.

2. METHODOLOGY

The type of research conducted is descriptive research, which describes the reporting of infectious and non-communicable disease surveillance data at the Baula Health Center with a cross-sectional approach. The research was conducted in July 2024. The subject in this

activity is the P2P Officer (Disease Control and Eradication Program). The object of this activity is the implementation of infectious and non-communicable disease surveillance data reporting at the Baula Health Center.

The observation guideline instrument used is a list of observations regarding the reporting of infectious and non-communicable disease surveillance data at the Baula Health Center. The interview guideline is a list of questions made to obtain information about the reporting of infectious and non-communicable disease surveillance data at the Baula Health Center.

Data collection was carried out using observation by making observations about the reporting of infectious and non-communicable disease surveillance data at the Baula Health Center. Structured interviews were conducted question and answer activities by researchers to the Baula health center P2P Program Management officer to find out about the implementation of infectious and non-communicable disease reporting at the Baula health center. Data management and collection techniques using collecting, editing, tabulating, and classification. Presentation of data is done by describing the results of research based on data collected and processed then compared with relevant theories to conclude.

3. RESULTS

The results of interviews and observations about the reporting of infectious and non-communicable disease surveillance data at the Baula Health Center regarding reporting data obtained from:

3.1 Service at the Health Center

The data processing system at this health center is computer-based, both within the scope of the Baula health center and activities outside the health center, and already uses an application, namely SKDR (Early Vigilance and Response System), for example when a patient arrives, they are directed to the screening table to see if the patient who comes is a patient who needs special assistance, such as pregnant women or the elderly are given priority so they don't need to queue as a sign of being given a necklace, then directed to the obstetrics room, general poly, or to the MTBS poly (integrated management of sick children).

3.2 Community Report

Puskesmas Baula has networks such as auxiliary health centers (PUSTU) and village maternity posts (POLINDES). The data collected is then processed by the P2P program manager. Information users need data and information that is complete and available on time (real-time), with delays that can affect decisions made by decision-makers. In addition, reporting is one way of communicating with health workers about the results of an activity that has been carried out and as an important communication tool between health workers in carrying out this activity, precise, accurate information data is needed.

3.3 Network

In addition to data obtained from health services both inside and outside the health service and network, P2P officers also get reports from the community affected by cases of infectious and non-communicable diseases as for example in 2023 one of the diseases that have the potential for outbreaks is Dengue Fever (DHF) and malaria, when there are people who report these diseases, surveillance officers must confirm or make

home visits to sufferers. Patients with confirmed DHF disease must be proven by laboratory tests. If confirmed positive, the officer then goes down and conducts PE (epidemiological investigation) to prevent transmission of DHF sufferers from being transmitted to the surrounding environment.

3.4 Report LB-1

This is a monthly report on morbidity data including data from health service, auxiliary health service within the health service working area, patients within the health service building as well as outside the health service (treatment, care carried out at home, in institutions, at Integrated service post and through mobile health service) and health service networks in the health service working area. Disease cases were reported by villages, both from the area and outside the health service working area. The morbidity data reported in LB-1 includes morbidity data that has previously been reported either through W1 or W2. At the Baula health service, there are three reports, the first is a weekly report, namely diseases that have the potential for outbreaks of SKDR, approximately 25 cases of the disease are sent every week, the second is the STP report (integrated surveillance at the health service) to collect new cases of disease and the third is a measles case report.

3.5 Report LB-3

This is a monthly report of the MCH/KB, nutrition, and infectious disease prevention (P2M) programs, including services both inside and outside the health center building and health center network in the health center working area. The data reported are all service data from both inside the health center building and outside the health center building (Integrated service post, immunization post, midwife school in the village, mobile health center, auxiliary health center) and the health center network in the health center working area. The report format includes MCH/Family Planning activities, nutrition, disease prevention eradication (immunization, observation of malaria, dengue hemorrhagic fever (DHF), filariasis, rabies, anthrax, bubonic plague, avian influenza/A1, diarrhea, tuberculosis, leprosy, food poisoning, ARI, venereal disease, and HIV/AIDS).

According to the Indonesian Ministry of Health, the 2019 Monthly Report (LB-1) is a monthly report of disease data that contains the distribution of disease cases by age group as well as new or old cases. The report is reported by the health center every month to the Health Office. The monthly morbidity report contains health information based on symptoms, 20 causes of disease, and reports on the number of morbidity events obtained from services at the health center, auxiliary health center, health center Mobil, and Village Midwives (Arwanti & Sabilu, 2016).

Reports at UPT Health Service Baula will be sent to the Kolaka Regency Health Office through the approval of the Head of UPT Health Service Baula in the form of soft files and hard files that have been determined within the delivery period. Reports reported to the District Office (DKK) include Daily Reports in the form of health service prescription deposits, Monthly Reports in the form of daily patient visits, Semester Reports, Annual Reports, Outbreak and Outbreak Reports.

4. CONCLUSIONS

Based on the results of the research that has been done, the researcher can draw the conclusion that Services at the health service The source of service data at Baula Community Health Service is obtained from the results of services entered into the SKDR application (Early Vigilance and Response System) Where this is very easy for health service officers and

visiting patients. In general, Baula Community Health Service has a network of Village maternity center and Village maternity centers that are active so it makes it easier for the main health service to do reporting, but there is still a lack of networking related to private health clinics, as well as clicks of Independent Midwives. Reports obtained from community reports will be immediately followed up by officers with PE. The Baula Community Health Service reporting schemes to send epidemiological surveillance reports to the Kolaka District Health Office through the approval of the Head Baula Community Health Service of in the form of soft files and hard files that have been determined within the delivery period.

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