

DAFTAR PUSTAKA

1. Komisi Penanggulangan AIDS Indonesia. Info HIV dan AIDS[Internet]. Jakarta:2012 - 2013 [cited 2013 9 November]; Available from: <http://www.aidsindonesia.or.id/contents/37/78/Info-HIV-dan-AIDS#sthash.BudXf6LH.dpds>
2. Djoerban Z. HIV/AIDS di Indonesia. In: Sudoyo AW, Setiyohadi B, Alwi I, Simadibrata M., Setiadi S, editor. Buku Ajar Ilmu Penyakit Dalam. Jakarta: Pusat Penerbitan Ilmu Penyakit Dalam; 2009. p. 2861.
3. Sufiawati I, Febrina RP. Manifestasi oral yang berhubungan dengan tingkat imunosupresi pada anak-anak yang terinfeksi HIV/AIDS dan penatalaksanaannya (Studi Pustaka). Jurnal Kedokteran Gigi Universitas Padjadjaran. 2005;17:3 - 4.
4. Naidoo S, Chikte U. Oro-facial Manifestations in Paediatric HIV: A Comparative Study of Institutionalized and Hospital Outpatients. Oral Disease. 2004;10(1):13 - 8.(abstract)
5. Trapero JC, Sanchez JC, Guerrero JR, Lopez LAM. Dental Management of Patient with Human Immunodeficiency Virus. Quintessence International. 2003;34:515-25.(abstract)
6. Nielsen K, McSherry G, Petru A. A descriptive survey of pediatric immunodeficiency virus-infected long-time survivors. Pediatrics. 1997;99:4.
7. UNAIDS. Regional HIV and AIDS statistics and features. Geneva (Switzerland): UNAIDS, 2012.
8. Direktorat Jenderal Pemberantasan Penyakit Menular dan Penyehatan Lingkungan Kementerian Kesehatan RI. Data HIV dan AIDS di Jawa Tengah tahun 2005 – 30 September 2013. Jakarta: Direktorat Jenderal Pengendalian

- Penyakit Menular dan Penyehatan Lingkungan Kementerian Kesehatan RI, 2013.
9. Yani FF, Arwin APA, Bambang S, Darmawan BS, Nia K, Nastiti K. Penyakit Respiratorik pada Anak dengan HIV. *Sari Pediatri*. 2006;8:188-94.
 10. Gona P, Russell BVD, Paige LW, Wayne MD, Miriam CC, Sharon AN, et al. Incidence of Opportunistic and Other Infections in HIV-Infected Children in the HAART Era. *Journal American Medical Assosiation (JAMA)*. 2006;296:292-300.
 11. Álvaro-Meca A, Julia J, Dariela M, Asunción D, Dolores G, Salvador R. Rate of candidiasis among HIV-infected children in Spain in the era of highly active antiretroviral therapy (1997–2008). *BMC Infectious Diseases*. 2013;13:115.
 12. Brahmhatt H, Godfrey K, Fred WM, David S, Tom L, Fred N, et al. Mortality in HIV-Infected and Uninfected Children of HIV-Infected and Uninfected Mothers in Rural Uganda. *Journal Acquired Immune Deficiency Syndrome*. 2006;41:504-8.
 13. Barasch A, Monika MS, Frank AC, Daniel HF, Ralph VK. Oral soft tissue manifestations in HIV-positive vs. HIVnegative children from an inner city population: A two-year observational study. *Pediatrics Dentistry*. 2000;22:215-20.
 14. Djoerban Z. Membidik AIDS Ikhtiar Memahami HIV dan ODHA. In: Rustamaji NA, editor. Yogyakarta: Galang Press Yogyakarta dan Yayasan Memajukan Ilmu Penyakit Dalam; 2000. p. 3.
 15. UNICEF. Child Info Monitoring The Situation of Children and Women[Internet]. Jakarta.c2013 [updated November 2013; cited 2013 1 December]; Available from: <http://www.childinfo.org/hivaids.html>.
 16. Prof. H. Herry Garna dr.SpA(K), PhD. Buku Ajar Divisi Infeksi dan Penyakit Tropis Departemen Kesehatan Anak Fakultas Kedokteran Universitas Padjadjaran/RSUP Dr. Hasan Sadikin Bandung. Jakarta: Sagung Seto; 2012. 286 - 7, 305 - 6, 23, 31, 33 - 34 p.
 17. UNAIDS. Global Report AIDS Epidemic 2013. Geneva (Switzerland): 2013.

18. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan Departemen Kesehatan RI. Laporan Situasi Perkembangan HIV dan AIDS di Indonesia Tahun 2013. Jakarta: Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan Departemen Kesehatan RI, 2013.
19. Komisi Penanggulangan AIDS Provinsi Jawa Tengah. Kondisi HIV&AIDS di Jawa Tengah 1993 - Desember 2012. 2012; Available from: <http://www.aidsjateng.or.id/data/Data%20HIV%20dan%20AIDS%20Prov.%20Jateng%20per%20Desember%202012.ppt>.
20. Fowler MG, Simonds RJ, Roongpisuthipong A. Update on Perinatal HIV transmission. *Pediatc Clin North Am.* 2002;1(47):21 - 38.(abstract)
21. Behrman R, Kliegman RM, Jenson HB, editor. *Nelson textbook of pediatrics* 17th Ed. Philadelphia: WB Saunders; 2004. 1109 - 21 p.
22. Preble EA, Piwoz EG. Prevention of mother-to-child transmission of HIV in Asia: practical guidance for programs. Washington: Linkages Projects; 2002.
23. Roitt IM, Peter JD. *Essential Immunology*. 10th ed. London: Blackwell Publishing Company; 2001. 314 - 9 p.
24. National Institute of Allergy and Infectious Diseases. Mechanism and Pathogenesis of Pediatric HIV-1 Infection. 1998.
25. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan Departemen Kesehatan RI. Pedoman Tatalaksana Infeksi HIV dan Terapi Antiretroviral Pada Anak Di Indonesia. Jakarta: Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan Departemen Kesehatan RI; 2010. p. 15-6, 62-3.
26. Colette JS, Caroline AS, Mike SY, Sabine KL, Fiona CL, Sara M, et.al. Factors Influencing Increases in CD4 Cell Counts of HIV-Positive Persons Receiving Long-Term Highly Active Antiretroviral Therapy. *The Journal of Infectious Disease* 2004;190:1860 - 8.
27. Nasronudin. Profilaksis dan Penatalaksanaan HIV/AIDS Penderita Dewasa. In: Barakbah J, Soewandojo E, Suharto, Hadi U, Astuti WD, editor. *HIV dan AIDS Pendekatan Biologi Molekuler, Klinis, dan Sosial*. Surabaya: Airlangga University Press; 2007. p. 250; 3 - 4.




28. WHO. HIV/AIDS programme. Consolidated Guidelines on the use of Antiretroviral Drugs for Treating and Preventing HIV Infection June 2013.
29. Lallemand M, Shing C, Rachel C, Bernard P. Pediatric HIV-A Neglected Disease? The New England Journal of Medicine. 2011;365;7:581 - 3.
30. Collins IJ, Gonzague J, Rawiwan H, Suparat Kanjanavanit, Suchat H, Chaiwat N, et al. Long-Term Survival of HIV-Infected Children Receiving Antiretroviral Therapy in Thailand: A 5-Year Observational Cohort Study. Clinical Infectious Diseases. 2010;51(12):1449 - 57.
31. Kristin LC. Psychosocial Aspects of HIV/AIDS: Children and Adolescents.
32. Nasronudin. Pengembangan pengetahuan penyakit infeksi HIV dan AIDS. In: Barakbah J, Soewandjo E, Suharto, Hadi U, Astuti WD, editor. HIV dan AIDS Pendekatan Biologi Molekuler, Klinis, dan Sosial. Surabaya: Airlangga University Press; 2007. p. 279 - 303.
33. Simon H. Pneumonia. United States of America: University of Maryland Medial Center; 2013.
34. Cars O, Per N. Antibiotic resistance-The faceless threat. International Journal of Risk & Safety in Medicine. 2005;17:103 - 10.
35. Mark G, J de Boer. Linking *Pneumocystis* Epidemiology, Transmission, and Virulence. Clinical Infectious Diseases. 2012.
36. Schaller M, Borelli C, Korting HC, Hube B. Hydrolytic enzymes as virulence factors of *Candida albicans*. US National Library of Medicine National Institutes of Health. 2005;48(6):365 - 77.(abstract)
37. Singh G, Gurpreet S, Dispensrasinh J, Jagdeep K. Lipid hydrolizing enzymes in virulence : *Mycobacterium tuberculosis* as a model system. Critical Reviews in Microbiology. 2010;36(3):259 - 69.
38. Departement of Health and Human Service USA. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents 2013.
39. Pneumonia Pada Anak : UNICEF dan WHO Menyebutkan Pneumonia Sebagai Penyebab Kematian Tertinggi Anak Balita[Internet]. Jakarta [updated

- 18 July 2012; cited 2013 5 December]; Available from: <http://www.pdpersi.co.id/content/news.php?mid=5&nid=866&catid=9>.
40. Saukkonen JJ. Lymphocytic Interstitial Pneumonia[Internet]. USA [updated 2013 20 September; cited 2013 5 December]; Available from: <http://www.emedicine.medscape.com/article/299643-overview>.
41. Fagundes SMS, Linda MCM, Mariana D, Consuelo MCF, Angelica EM. Acute Cor Pulmonale due to Lymphocytic Interstitial Pneumonia in a Child With AIDS. 2012; 16. Available from: <http://www.scielo.br/scielo.php?pid=S141386702012000300013&script=sciarttext>.
42. Akpan A, R Morgan. Oral Candidiasis. *Postgrad Med J*. 2002;78:455-9.
43. Sofro MAU. Mengenal Infeksi Cytomegalovirus[Internet]. *Suara Merdeka Cetak*; 2012 [updated 2012 12 December; cited 2013 7 December]; Available from: <http://www.suaramerdeka.com/v1/index.php/read/cetak/2012/12/12/208330/Mengenal-Infeksi-Sitomegalovirus->.
44. Kartasasmita CB. *Epidemiologi Tuberkulosis. Bagian Ilmu Kesehatan Anak Fakultas Kedokteran Universitas Padjdjaran/RS Hasan Sadikin Bandung. Sari Pediatri*. 2009;11(2):124 - 9.
45. Manifestasi Klinis HIV pada Anak[Internet]. 2009 [updated 2009 14 January; cited 2013 7 December]; Available from: <http://childrenhivaids.wordpress.com/2009/01/14/tanda-dan-gejala-hiv-dan-aids-pada-anak/>
46. Iroezindu MO, Eugenia OO, Harry H, Brian VW. Prevalence and Risk Factors for Opportunistic Infections in HIV Patients Receiving Antiretroviral Therapy in a Resource-Limited Setting in Nigeria. *J AIDS Clinic Res*. 2013;83.
47. Nasronudin. Stres Oksidatif, Antioksidan, dan Pengaruhnya terhadap Progresivitas Infeksi HIV. In: Barakbah J, Soewandojo E, Suharto, Hadi U, Astuti WD, editor. *HIV dan AIDS Pendekatan Biologi Molekuler, Klinis, dan Sosial*. Surabaya: Airlangga University Press; 2007. p. 96 -7.

48. Mahlangu S, Grobler LA, Visser ME, Volmink J. Nutritional interventions for reducing morbidity and mortality in people with HIV. NCBI. 2013;2:CD004536.(abstract)
49. Astari L, Sawitri, Safitri YE, Hinda D. *Viral Load* pada infeksi HIV. Berkala Ilmu Kesehatan Kulit dan Kelamin. 2009;21(1):31 - 8.
50. Tsigrelis C, Berbari E, Temesgen Z. Viral opportunistic infections in HIV-infected adults. 2006;54(2):91 - 6.(abstract)
51. Horn T. HIV drug resistance and resistance testing. 2001.
52. Morrow BM, Catherine MS, Marco Z, Andrew W, Heathler JZ. Pneumocystis pneumonia in South African Children diagnosed by molecular methods. BMC Research Notes. 2014;7(26):1 - 6.
53. Ashir GM, Mustapha MG, Adamu IR, Farouk B, Ibrahim UH. HIV-related oral candidiasis in Nigerian children: a marker of HIV disease progression. SA Journal of Child Health. 2008;2(4):152 - 4.
54. Al-Attar I, John EO, Exil V, Sarah AV, Steven EL. Predictors of Cardiac Morbidity and Related Mortality in Children With Acquired Immunodeficiency Syndrome. JACC. 2003;41(9):1598 - 1605.
55. Wamalwa DC, Elizabeth MO, Carey F, Barbra AR, Dorothy AM, Irene I, et al. Predictors of mortality in HIV-1 infected children on antiretroviral therapy in kenya: a prospective cohort. BMC pediatrics. 2010;10(33):1 - 8.
56. Hesseling AC, Westra AE, Werschull H, Donald PR, Beyers, Hussey GD, et al. Outcome of HIV infected children with culture confirmed tuberculosis. *Arch Dis Child*. 2005;90:1171 - 4.

LAMPIRAN

Lampiran 1. Ethical clearance

| | | |
|---|---|---|
|  | <p>KOMISI ETIK PENELITIAN KESEHATAN (KEPK) FAKULTAS KEDOKTERAN UNIVERSITAS DIPONEGORO DAN RSUP dr KARIADI SEMARANG Sekretariat : Kantor Dekanat FK Undip Lt.3 Jl. Dr. Soetomo 18. Semarang 50231 Telp/Fax. 024-8318350</p> |  |
| <p>ETHICAL CLEARANCE No. 234/EC/FK-RSDK/2014</p> | | |
| <p>Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro/ RSUP Dr. Kariadi Semarang, setelah membaca dan menelaah Usulan Penelitian dengan judul :</p> | | |
| <p>HUBUNGAN JENIS INFEKSI OPORTUNISTIK TERHADAP MORTALITAS ANAK HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME STUDI DI RSUP DR. KARIADI SEMARANG</p> | | |
| <p>Peneliti Utama : Olfien Noer Primanti Kusumo Negoro</p> <p>Pembimbing : 1. dr. MMDEAH Hapsari, Sp.A(K) 2. dr. Purnomo Hadi, M.Si</p> <p>Penelitian : Dilaksanakan di Instalasi Rekam Medik RSUP Dr. Kariadi Semarang.</p> | | |
| <p>Setuju untuk dilaksanakan, dengan memperhatikan prinsip-prinsip yang dinyatakan dalam Deklarasi Helsinki 1975, yang diamended di Seoul 2008 dan Pedoman Nasional Etik Penelitian Kesehatan (PNEPK) Departemen Kesehatan RI 2011</p> <p>Peneliti harus melampirkan 2 kopi lembar Informed consent yang telah disetujui dan ditandatangani oleh peserta penelitian pada laporan penelitian. Peneliti diwajibkan menyerahkan :</p> <ul style="list-style-type: none"> - Laporan kemajuan penelitian (clinical Trial) - Laporan kejadian efek samping jika ada ✓ -Laporan ke KEPK jika penelitian sudah selesai & dilampiri Abstrak Penelitian. | | |
| <p>Semarang, 05 MAY 2014</p> <p>Komis Etik Penelitian Kesehatan Fakultas Kedokteran Undip/RSUP Dr. Kariadi Ketua</p> <p style="text-align: right;"></p> <p>Prof. Dr. dr. Suprihati, M.Sc. Sp.THT-KL(K) NIP. 19500621197703 2 001</p> | | |

Lampiran 2. Surat ijin penelitian



KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS DIPONEGORO
FAKULTAS KEDOKTERAN

Jl. Prof. H. Soedarto, SH – Tembalang – Semarang
Telepon 024-76928010, Fax. 024-76928011, Email : dean_fmdu@undip.ac.id

Nomor : 1559 /UN7.3.4/D1/PP/2014 21 MAR 2014
Lampiran : 1 bendel
Perihal : Permohonan ijin penelitian dan pengambilan data rekam medik

Yth. Direktur Utama
RSUP Dr. Kariadi
Semarang

Dengan hormat,

Bersama ini kami hadapkan mahasiswa Fakultas Kedokteran Universitas Diponegoro Semarang :

Nama : Olfien Noer Primanti Kusumo N
NIM : 22010110120056
Semester : VIII (delapan)

Mohon diijinkan melakukan penelitian dan meminjam data rekam medik di Instalasi Rekam Medik RSUP Dr. Kariadi Semarang, dalam rangka penyusunan Karya Tulis Ilmiah mahasiswa. Terlampir proposal mahasiswa yang bersangkutan.

Judul/ Topik : Hubungan Jenis Infeksi Oportunistik terhadap Mortalitas Anak Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome Studi di RSUP Dr. Kariadi Semarang

Pembimbing : dr. MMDEAH Hapsari, Sp.A(K)/ dr. Purnomo Hadi, M.Si

Atas perhatian dan kerjasamanya diucapkan terima kasih.

a.n Dekan
Pembantu Dekan I,



Herman Kristanto
Dr. Herman Kristanto, MS, Sp. OG(K)
NIK: 196305051989031003

Tembusan :

1. Dekan (sebagai laporan)
2. Ketua Tim Karya Tulis Ilmiah
3. Kepala Bagian Diklit RSUP Dr. Kariadi Semarang
4. Kepala Instalasi Rekam Medik RSUP Dr. Kariadi Semarang
5. Pembimbing
6. Mahasiswa Yang Bersangkutan

Lampiran 3. Informed consent

JUDUL PENELITIAN : HUBUNGAN JENIS INFEKSI OPORTUNISTIK TERHADAP MORTALITAS ANAK *HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME* STUDI DI RSUP Dr. KARIADI SEMARANG
 INSTANSI PELAKSANA : FAKULTAS KEDOKTERAN UNIVERSITAS DIPONEGORO SEMARANG

PersetujuanSetelahPenjelasan
(INFORMED CONSENT)

Bapak/Ibu/SdrYth :

SayaOlfien Noer Primanti Kusumo Negoro mahasiswi Fakultas Kedokteran Universitas Diponegoro, Progam Studi Kedokteran Umum. Saya bermaksud melakukan penelitian mengenai ”Hubungan jenis infeksi oportunistik terhadap mortalitas anak *Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome* studi di RSUP Dr. Kariadi Semarang”. Penelitian ini dilakukan sebagai tahap akhir dalam penyelesaian studi di Fakultas Kedokteran Universitas Diponegoro, Program Studi Kedokteran Umum. Pada penelitian ini akan dilakukan pengambilan data pada catatan medis untuk mengetahui apakah jenis infeksi oportunistik (*Pneumocystis Jiroveci Pneumonia, Limfoid Interstitial Pneumonitis*, kandidiasis, infeksi *Cytomegalovirus*, dan tuberkulosis) berhubungan dengan mortalitas anak HIV/AIDS di RSUP Dr. Kariadi Semarang.

Peneliti akan menjaga kerahasiaan identitas dan informasi yang diberikan dan hanya digunakan untuk kepentingan penelitian.

Demikian informasi ini saya sampaikan, atas partisipasi Bapak/Ibu/Sdr, saya ucapkan terima kasih.

SetelahmendengardanmemahamipenjelasanPenelitian,
 denganinisayamenyatakan

SETUJU / TIDAK SETUJU

Untukikutsebagairesponden / sampelpenelitian.

Semarang,.....

| | |
|--------------|--------------|
| Saksi : | NamaTerang : |
| NamaTerang : | Alamat : |
| Alamat : | |

Lampiran 4. Hasil analisis
Hasil Analisis Deskriptif Frequencies

Jenis Kelamin

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------------|-----------|---------|---------------|--------------------|
| Valid Perempuan | 18 | 51,4 | 51,4 | 51,4 |
| Laki laki | 17 | 48,6 | 48,6 | 100,0 |
| Total | 35 | 100,0 | 100,0 | |

Stadium Klinis

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------------------|-----------|---------|---------------|--------------------|
| Valid Stadium III | 24 | 68,6 | 68,6 | 68,6 |
| Stadium IV | 11 | 31,4 | 31,4 | 100,0 |
| Total | 35 | 100,0 | 100,0 | |

Pneumocystis Jiroveci Pneumonia

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Valid Ya | 11 | 31,4 | 31,4 | 31,4 |
| Tidak | 24 | 68,6 | 68,6 | 100,0 |
| Total | 35 | 100,0 | 100,0 | |

Limfoid Interstitial Pneumonitis

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------------|-----------|---------|---------------|--------------------|
| Valid Tidak | 35 | 100,0 | 100,0 | 100,0 |

Kandidiasis

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Valid Ya | 27 | 77,1 | 77,1 | 77,1 |
| Tidak | 8 | 22,9 | 22,9 | 100,0 |
| Total | 35 | 100,0 | 100,0 | |

Infeksi Cytomegalovirus

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Valid Ya | 5 | 14,3 | 14,3 | 14,3 |
| Tidak | 30 | 85,7 | 85,7 | 100,0 |
| Total | 35 | 100,0 | 100,0 | |

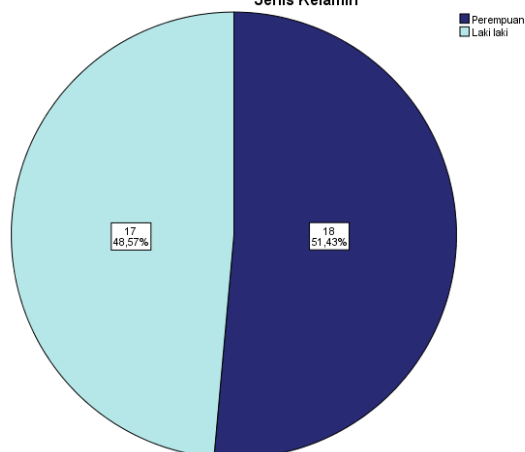
Tuberkulosis

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Valid Ya | 27 | 77,1 | 77,1 | 77,1 |
| Tidak | 8 | 22,9 | 22,9 | 100,0 |
| Total | 35 | 100,0 | 100,0 | |

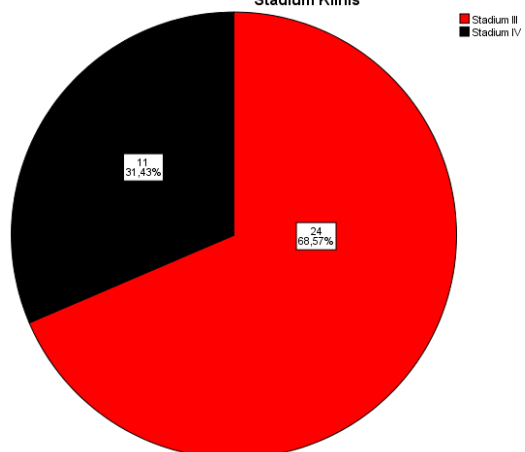
Mortalitas

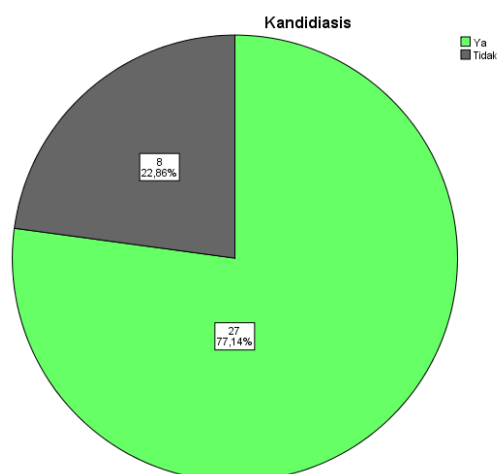
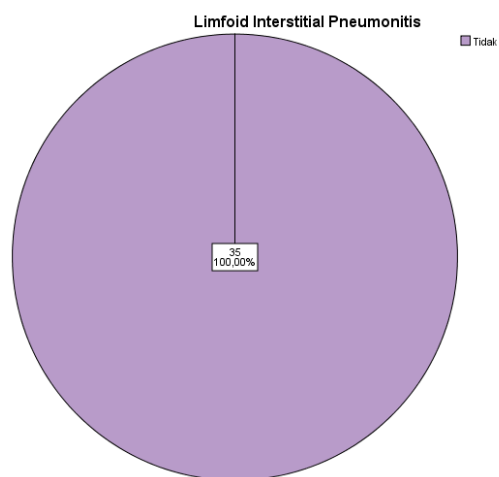
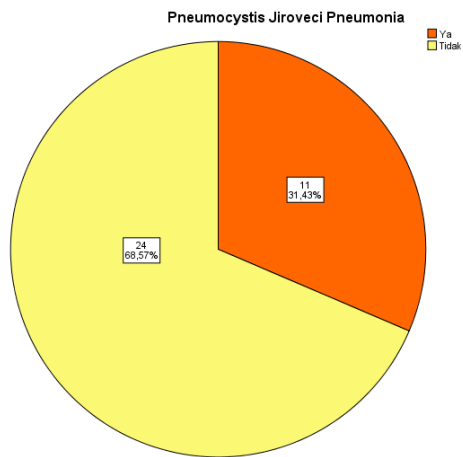
| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Valid Ya | 7 | 20,0 | 20,0 | 20,0 |
| Tidak | 28 | 80,0 | 80,0 | 100,0 |
| Total | 35 | 100,0 | 100,0 | |

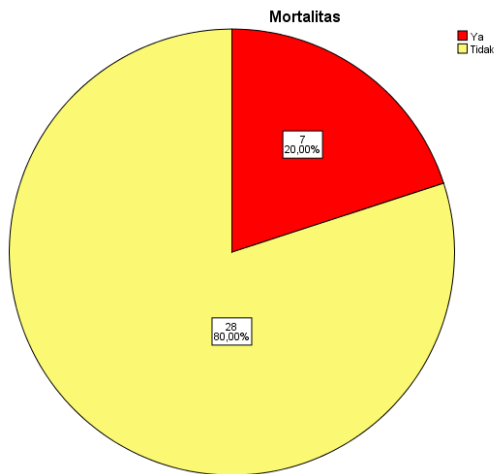
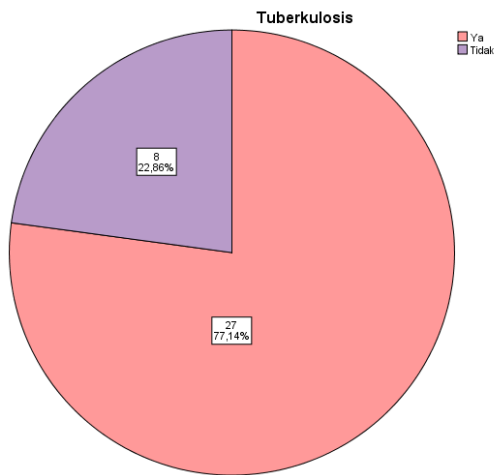
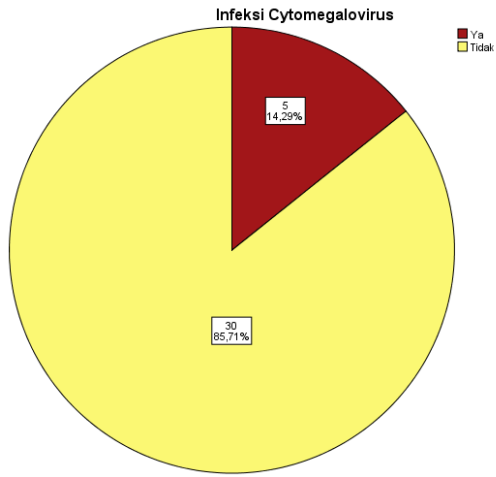
Jenis Kelamin

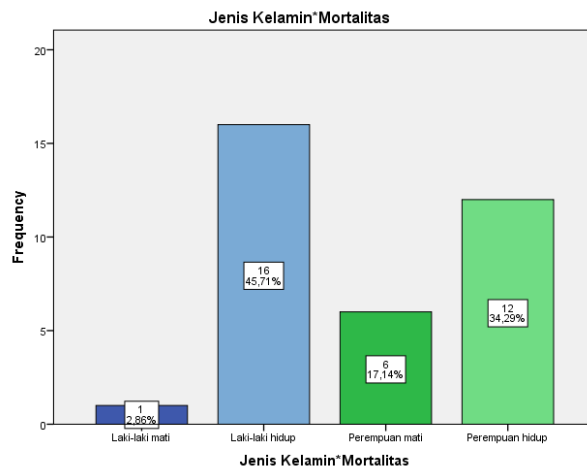


Stadium Klinis









Umur (bulan)

Case Processing Summary

| | Cases | | | | | |
|--------------|-------|---------|---------|---------|-------|---------|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Umur (bulan) | 32 | 91,4% | 3 | 8,6% | 35 | 100,0% |

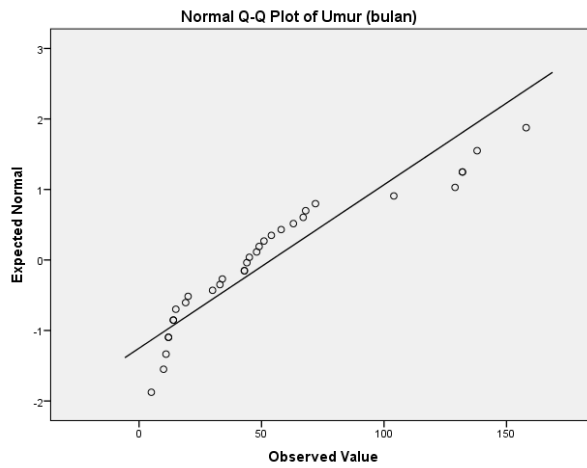
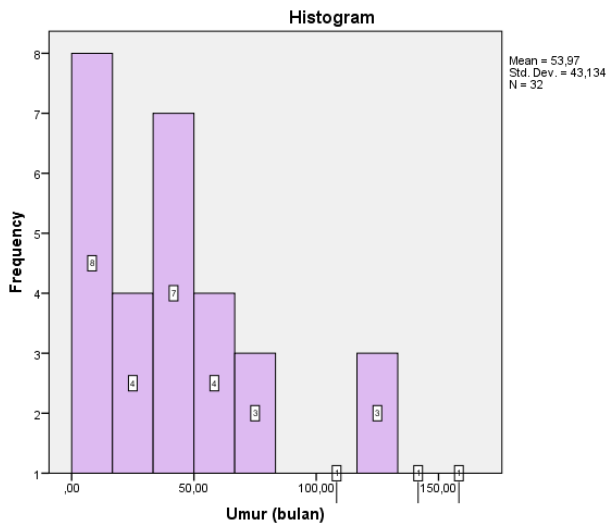
Descriptives

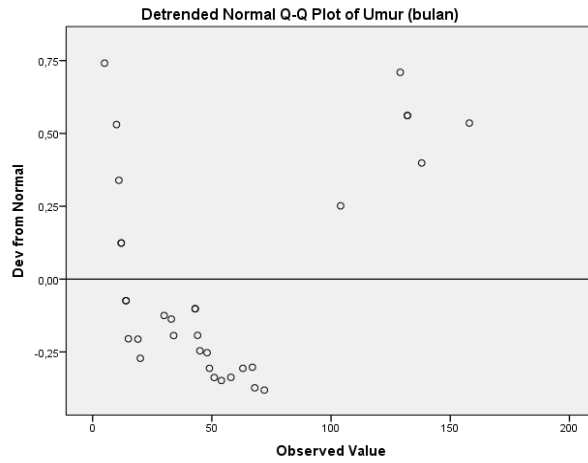
| | | Statistic | Std. Error | |
|--------------|----------------------------------|-------------|------------|--|
| Umur (bulan) | Mean | 53,9688 | 7,62510 | |
| | 95% Confidence Interval for Mean | Lower Bound | 38,4173 | |
| | | Upper Bound | 69,5202 | |
| | 5% Trimmed Mean | 51,2222 | | |
| | Median | 44,5000 | | |
| | Variance | 1860,547 | | |
| | Std. Deviation | 43,13406 | | |
| | Minimum | 5,00 | | |
| | Maximum | 158,00 | | |
| | Range | 153,00 | | |
| | Interquartile Range | 51,75 | | |
| | Skewness | 1,070 | ,414 | |
| | Kurtosis | ,185 | ,809 | |

Tests of Normality

| | Kolmogorov-Smirnov ^a | | | Shapiro-Wilk | | |
|--------------|---------------------------------|----|------|--------------|----|------|
| | Statistic | df | Sig. | Statistic | df | Sig. |
| Umur (bulan) | ,156 | 32 | ,046 | ,862 | 32 | ,001 |

a. Lilliefors Significance Correction





Jumlah CD4 (sel/mm³)

Case Processing Summary

| | Cases | | | | | |
|----------------------|-------|---------|---------|---------|-------|---------|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Jumlah CD4 (sel/mm3) | 35 | 100,0% | 0 | 0,0% | 35 | 100,0% |

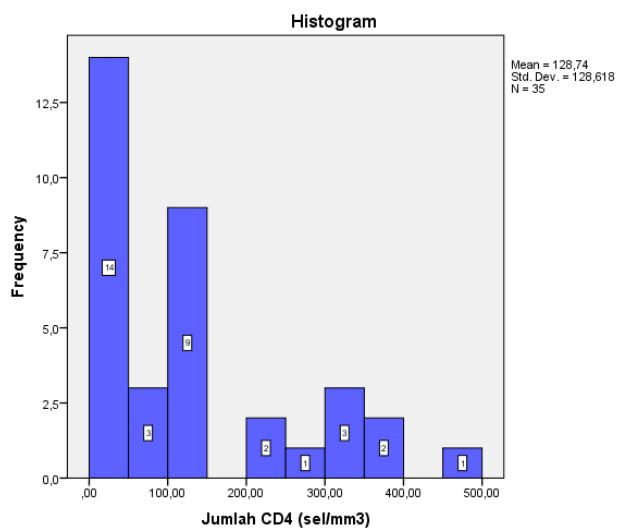
Descriptives

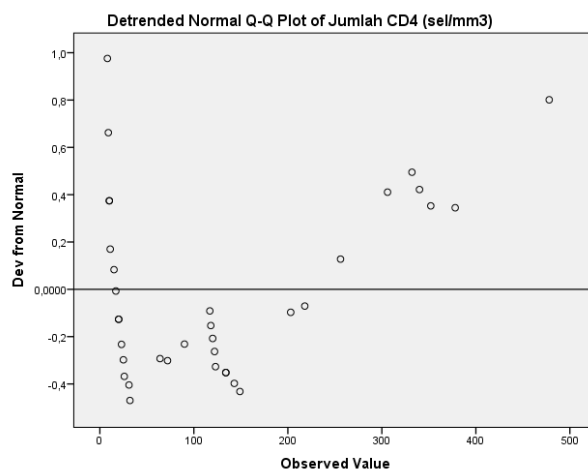
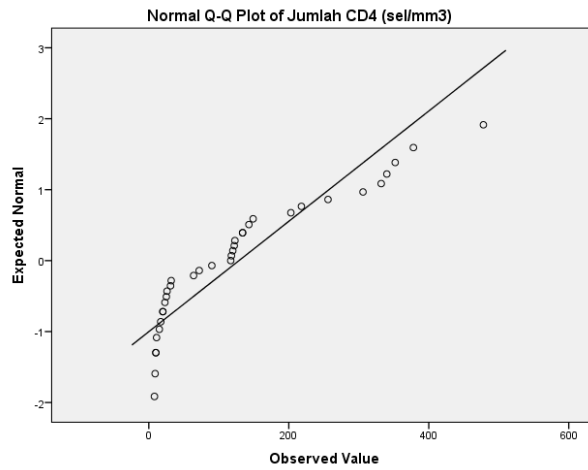
| | | | Statistic | Std. Error |
|-------------------------|-------------------------------------|----------------|-----------|------------|
| Jumlah CD4 (sel/mm3) | Mean | | 128,7429 | 21,74042 |
| | 95% Confidence Interval for Mean | Lower Bound | 84,5610 | |
| | | Upper Bound | 172,9247 | |
| | | | | |
| | 5% Trimmed Mean | | 118,4048 | |
| | Median | | 117,0000 | |
| | Variance | | 16542,608 | |
| | Std. Deviation | | 128,61807 | |
| | Minimum | | 8,00 | |
| | Maximum | | 478,00 | |
| | Range | | 470,00 | |
| | Interquartile Range | | 183,00 | |
| | Skewness | | 1,117 | ,398 |
| | Kurtosis | | ,363 | ,778 |

Tests of Normality

| | Kolmogorov-Smirnov ^a | | | Shapiro-Wilk | | |
|----------------------|---------------------------------|----|------|--------------|----|------|
| | Statistic | df | Sig. | Statistic | df | Sig. |
| Jumlah CD4 (sel/mm3) | ,180 | 35 | ,006 | ,844 | 35 | ,000 |

a. Lilliefors Significance Correction





Hasil Analisa Chisquare

Case Processing Summary

| | Cases | | | | | |
|--------------------------|-------|---------|---------|---------|-------|---------|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| PCP * Mortalitas | 35 | 100,0% | 0 | 0,0% | 35 | 100,0% |
| LIP * Mortalitas | 35 | 100,0% | 0 | 0,0% | 35 | 100,0% |
| Kandidiasis * Mortalitas | 35 | 100,0% | 0 | 0,0% | 35 | 100,0% |
| Infeksi CMV * Mortalitas | 35 | 100,0% | 0 | 0,0% | 35 | 100,0% |
| TB paru * Mortalitas | 35 | 100,0% | 0 | 0,0% | 35 | 100,0% |

Pneumocystis Jiroveci Pneumonia * Mortalitas Crosstabulation

| | | | Mortalitas | | Total |
|------------------------------------|-------|---|------------|--------|--------|
| | | | Ya | Tidak | |
| Pneumocystis Jiroveci Pneumonia | Ya | Count | 0 | 11 | 11 |
| | | % within Pneumocystis Jiroveci Pneumonia | 0,0% | 100,0% | 100,0% |
| | Tidak | Count | 7 | 17 | 24 |
| | | % within Pneumocystis Jiroveci Pneumonia | 29,2% | 70,8% | 100,0% |
| Total | | Count | 7 | 28 | 35 |
| | | % within Pneumocystis Jiroveci Pneumonia | 20,0% | 80,0% | 100,0% |

Chi-Square Tests

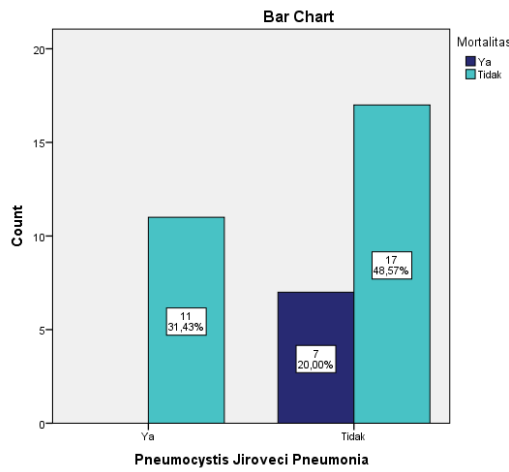
| | Value | df | Asymp. Sig. (2- sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|------------------------------------|--------------------|----|---------------------------|--------------------------|--------------------------|
| Pearson Chi-Square | 4,010 ^a | 1 | ,045 | | |
| Continuity Correction ^b | 2,395 | 1 | ,122 | | |
| Likelihood Ratio | 6,054 | 1 | ,014 | | |
| Fisher's Exact Test | | | | ,072 | ,051 |
| Linear-by-Linear Association | 3,896 | 1 | ,048 | | |
| N of Valid Cases | 35 | | | | |

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,20.

b. Computed only for a 2x2 table

Risk Estimate

| | Value | 95% Confidence Interval | |
|-------------------------------|-------|-------------------------|-------|
| | | Lower | Upper |
| For cohort Mortalitas = Tidak | 1,412 | 1,092 | 1,825 |
| N of Valid Cases | 35 | | |



Limfoid Interstitial Pneumonitis * Mortalitas Crosstabulation

| | | Mortalitas | | Total |
|-------------------------------------|--|------------|-------|--------|
| | | Ya | Tidak | |
| Limfoid Interstitial Pneumonitis | Tidak Count | 7 | 28 | 35 |
| | % within Limfoid Interstitial Pneumonitis | 20,0% | 80,0% | 100,0% |
| Total | Count | 7 | 28 | 35 |
| | % within Limfoid Interstitial Pneumonitis | 20,0% | 80,0% | 100,0% |

Chi-Square Tests

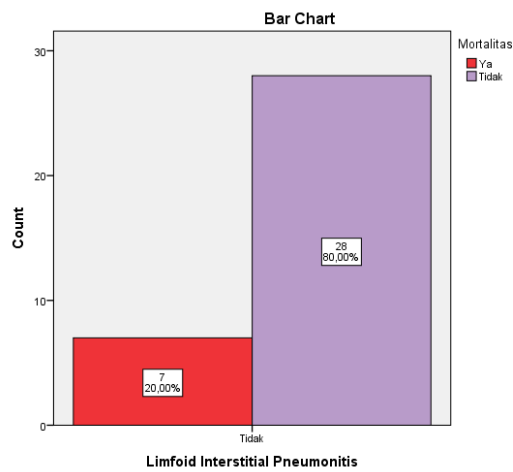
| | Value |
|--------------------|-------|
| Pearson Chi-Square | a |
| N of Valid Cases | 35 |

a. No statistics are computed because Limfoid Interstitial Pneumonitis is a constant.

Risk Estimate

| | Value |
|---|-------|
| Odds Ratio for Limfoid Interstitial Pneumonitis (Tidak / .) | a |

a. No statistics are computed because Limfoid Interstitial Pneumonitis is a constant.



Kandidiasis * Mortalitas Crosstabulation

| | | Mortalitas | | Total |
|----------------|----------------------|------------|--------|--------|
| | | Ya | Tidak | |
| Kandidiasis Ya | Count | 7 | 20 | 27 |
| | % within Kandidiasis | 25,9% | 74,1% | 100,0% |
| Tidak | Count | 0 | 8 | 8 |
| | % within Kandidiasis | 0,0% | 100,0% | 100,0% |
| Total | Count | 7 | 28 | 35 |
| | % within Kandidiasis | 20,0% | 80,0% | 100,0% |

Chi-Square Tests

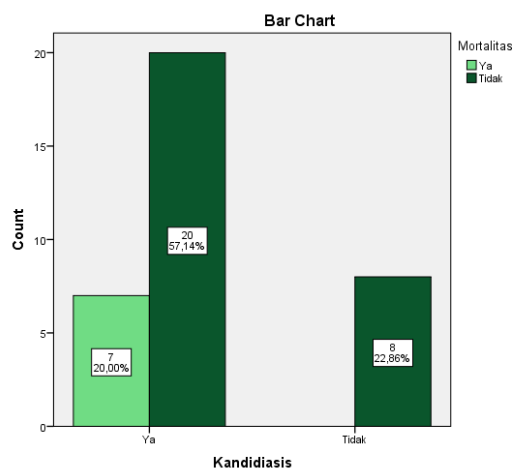
| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|------------------------------------|--------------------|----|-----------------------|----------------------|----------------------|
| Pearson Chi-Square | 2,593 ^a | 1 | ,107 | | |
| Continuity Correction ^b | 1,225 | 1 | ,268 | | |
| Likelihood Ratio | 4,125 | 1 | ,042 | | |
| Fisher's Exact Test | | | | ,166 | ,132 |
| Linear-by-Linear Association | 2,519 | 1 | ,113 | | |
| N of Valid Cases | 35 | | | | |

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 1,60.

b. Computed only for a 2x2 table

Risk Estimate

| | Value | 95% Confidence Interval | |
|-------------------------------|-------|-------------------------|-------|
| | | Lower | Upper |
| For cohort Mortalitas = Tidak | ,741 | ,593 | ,926 |
| N of Valid Cases | 35 | | |



Infeksi Cytomegalovirus * Mortalitas Crosstabulation

| | | Mortalitas | | Total |
|----------------------------|----------------------------------|------------|-------|--------|
| | | Ya | Tidak | |
| Infeksi Cytomegalovirus Ya | Count | 1 | 4 | 5 |
| | % within Infeksi Cytomegalovirus | 20,0% | 80,0% | 100,0% |
| Tidak | Count | 6 | 24 | 30 |
| | % within Infeksi Cytomegalovirus | 20,0% | 80,0% | 100,0% |
| Total | Count | 7 | 28 | 35 |
| | % within Infeksi Cytomegalovirus | 20,0% | 80,0% | 100,0% |

Chi-Square Tests

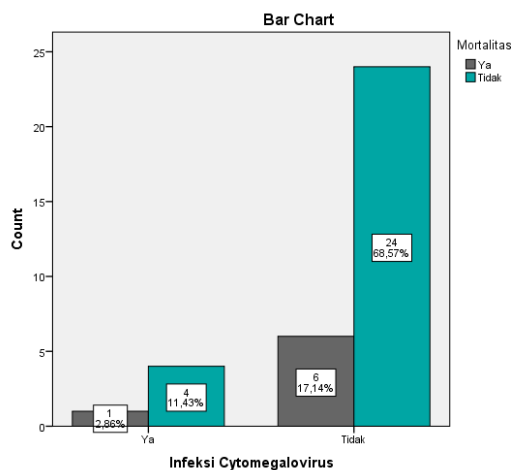
| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|------------------------------------|-------------------|----|-----------------------|----------------------|----------------------|
| Pearson Chi-Square | ,000 ^a | 1 | 1,000 | | |
| Continuity Correction ^b | ,000 | 1 | 1,000 | | |
| Likelihood Ratio | ,000 | 1 | 1,000 | | |
| Fisher's Exact Test | | | | 1,000 | ,744 |
| Linear-by-Linear Association | ,000 | 1 | 1,000 | | |
| N of Valid Cases | 35 | | | | |

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,00.

b. Computed only for a 2x2 table

Risk Estimate

| | Value | 95% Confidence Interval | |
|---|-------|-------------------------|--------|
| | | Lower | Upper |
| Odds Ratio for Infeksi Cytomegalovirus (Ya / Tidak) | 1,000 | ,094 | 10,664 |
| For cohort Mortalitas = Ya | 1,000 | ,151 | 6,643 |
| For cohort Mortalitas = Tidak | 1,000 | ,623 | 1,605 |
| N of Valid Cases | 35 | | |



Tuberkulosis * Mortalitas Crosstabulation

| | | Mortalitas | | |
|--------------------|-----------------------|------------|-------|--------|
| | | Ya | Tidak | Total |
| Tuberkulosis Ya | Count | 6 | 21 | 27 |
| | % within Tuberkulosis | 22,2% | 77,8% | 100,0% |
| Tuberkulosis Tidak | Count | 1 | 7 | 8 |
| | % within Tuberkulosis | 12,5% | 87,5% | 100,0% |
| Total | Count | 7 | 28 | 35 |
| | % within Tuberkulosis | 20,0% | 80,0% | 100,0% |

Chi-Square Tests

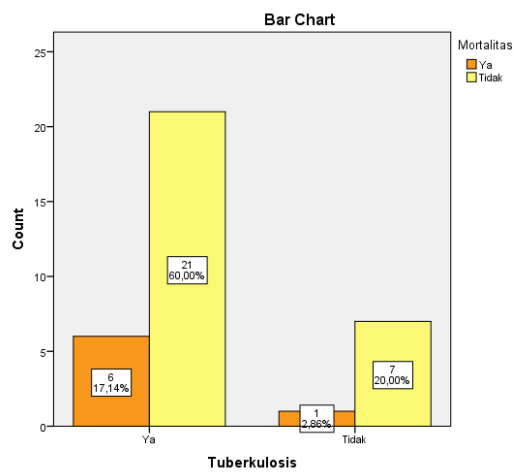
| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|------------------------------------|-------------------|----|-----------------------|----------------------|----------------------|
| Pearson Chi-Square | ,365 ^a | 1 | ,546 | | |
| Continuity Correction ^b | ,010 | 1 | ,920 | | |
| Likelihood Ratio | ,396 | 1 | ,529 | | |
| Fisher's Exact Test | | | | 1,000 | ,484 |
| Linear-by-Linear Association | ,354 | 1 | ,552 | | |
| N of Valid Cases | 35 | | | | |

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 1,60.

b. Computed only for a 2x2 table

Risk Estimate

| | Value | 95% Confidence Interval | |
|--|-------|-------------------------|--------|
| | | Lower | Upper |
| Odds Ratio for Tuberkulosis (Ya / Tidak) | 2,000 | ,204 | 19,618 |
| For cohort Mortalitas = Ya | 1,778 | ,249 | 12,678 |
| For cohort Mortalitas = Tidak | ,889 | ,639 | 1,237 |
| N of Valid Cases | 35 | | |



Lampiran 5. Biodata mahasiswa**Identitas**

Nama : Olfien Noer Primanti Kusumo Negoro
NIM : 22010110120056
Tempat/tanggal lahir : Yogyakarta/21 Februari 1992
Jenis Kelamin : Perempuan
Alamat : Pondok Ungu Permai B25/1 Bekasi Utara
Nomor HP : 085693402967
e-mail : olfiennoerpkn@gmail.com

Riwayat Pendidikan Formal

1. SD : SDN HARAPAN JAYA 1 BEKASI Lulus tahun : 2003
2. SMP : SMPN 5 BEKASI Lulus tahun : 2006
3. SMA : SMAN 1 SRAGEN Lulus tahun : 2009
4. FK UNDIP : Masuk tahun : 2010