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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,


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	

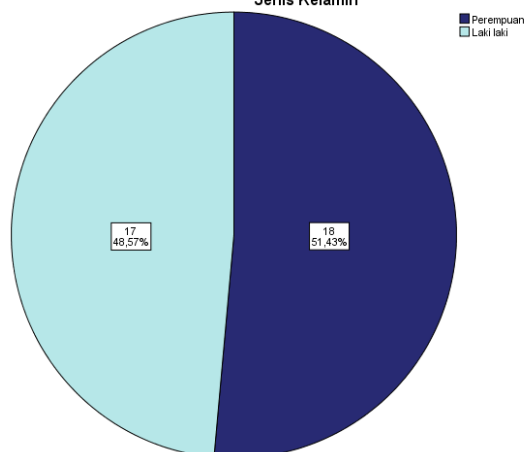
Tuberkulosis

	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	

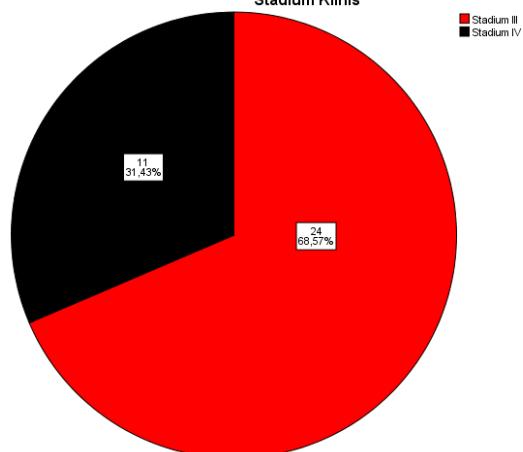
Mortalitas

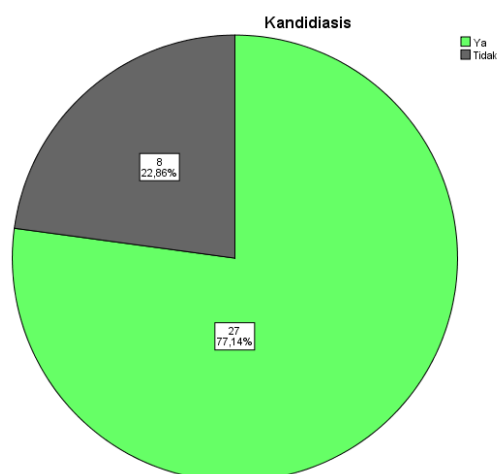
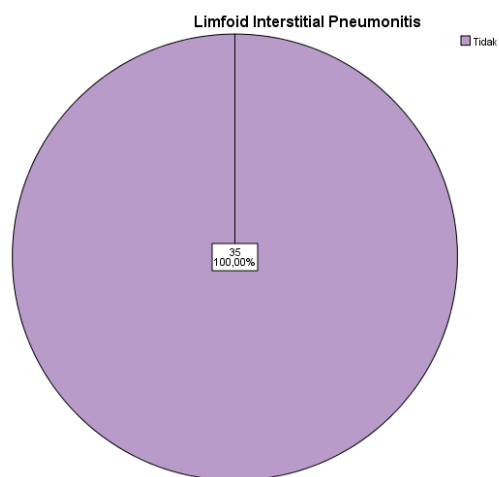
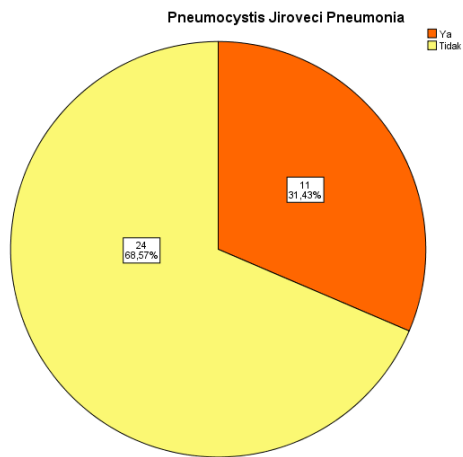
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Ya	7	20,0	20,0	20,0
Tidak	28	80,0	80,0	100,0
Total	35	100,0	100,0	

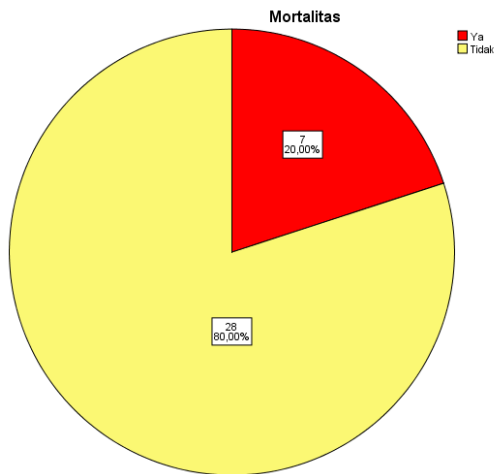
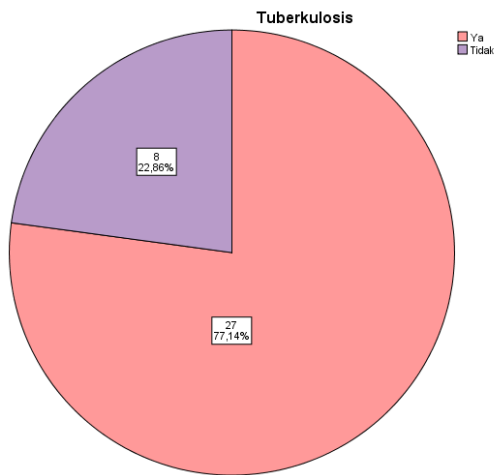
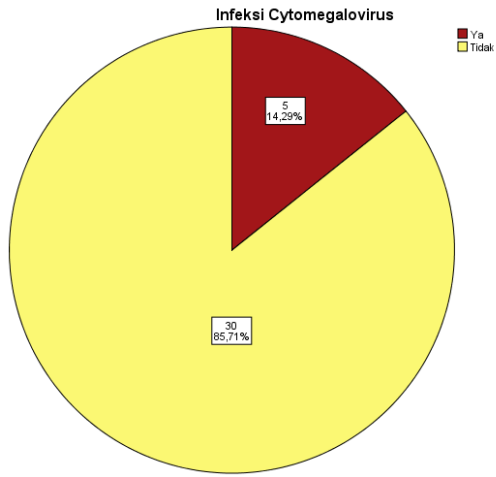
Jenis Kelamin

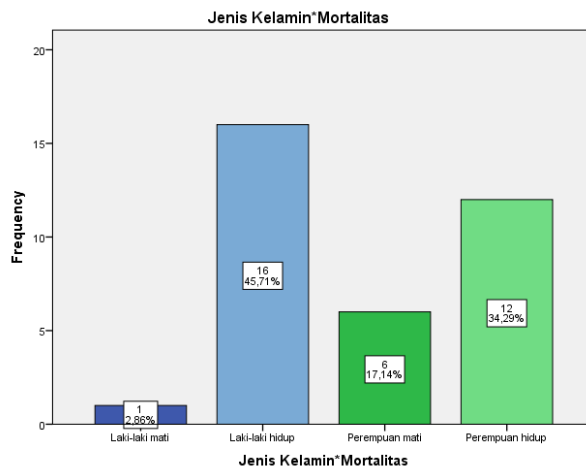


Stadium Klinis









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%

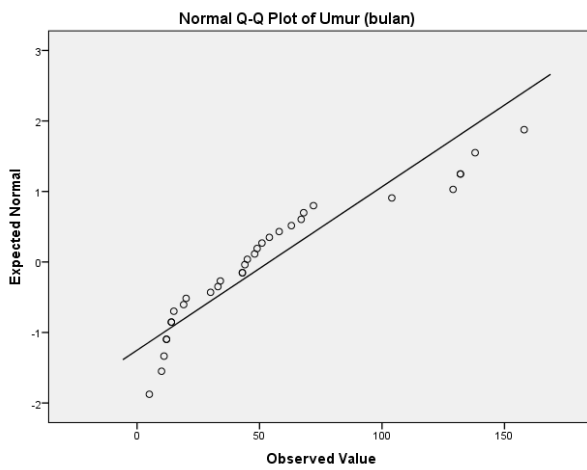
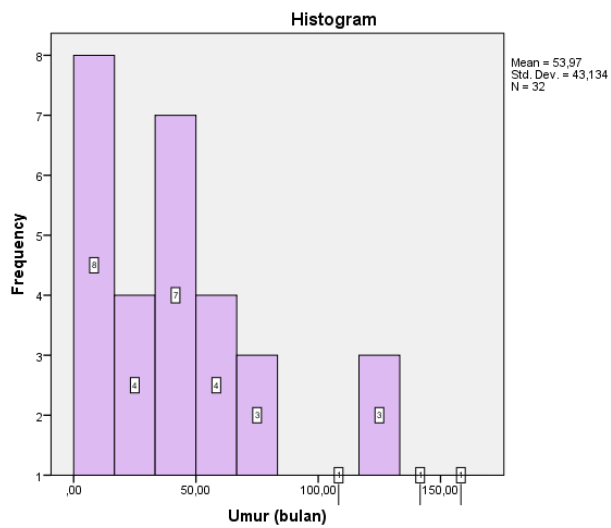
Descriptives

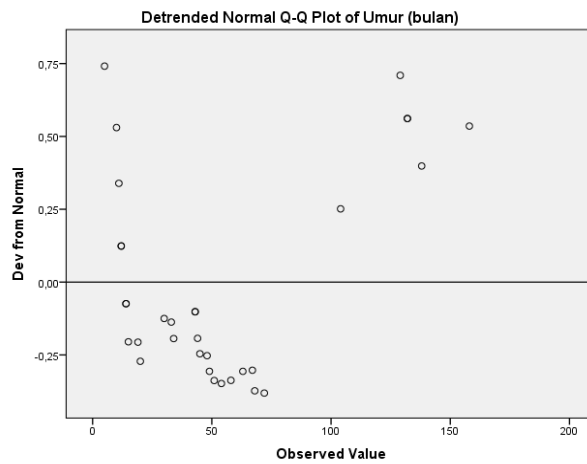
		Statistic	Std. Error	
Umur (bulan)	Mean	53,9688	7,62510	
	95% Confidence Interval for Mean	Lower Bound	38,4173	
		Upper Bound	69,5202	
	5% Trimmed Mean	51,2222		
	Median	44,5000		
	Variance	1860,547		
	Std. Deviation	43,13406		
	Minimum	5,00		
	Maximum	158,00		
	Range	153,00		
	Interquartile Range	51,75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

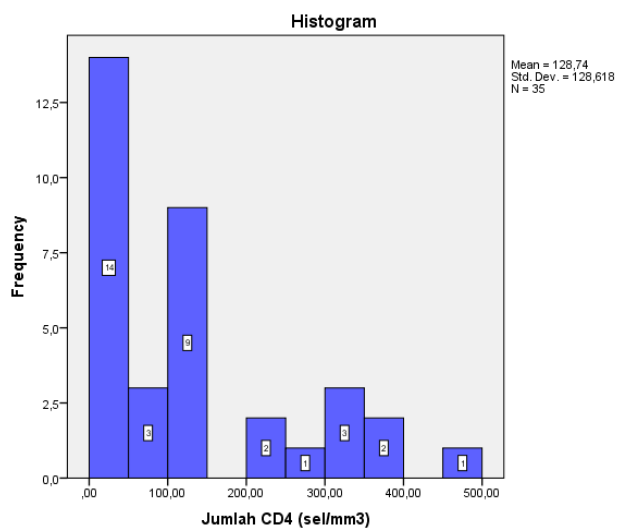
Descriptives

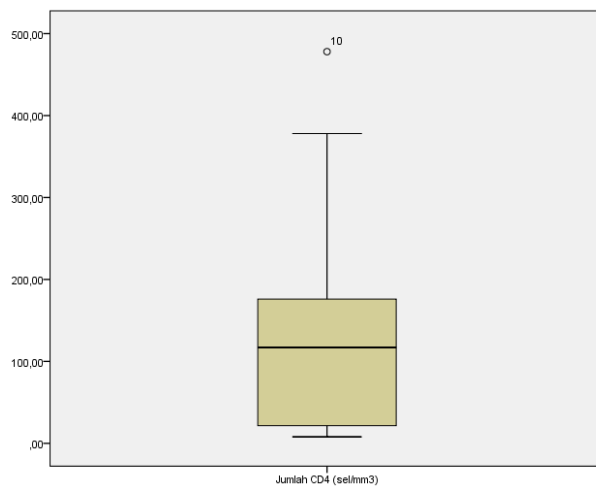
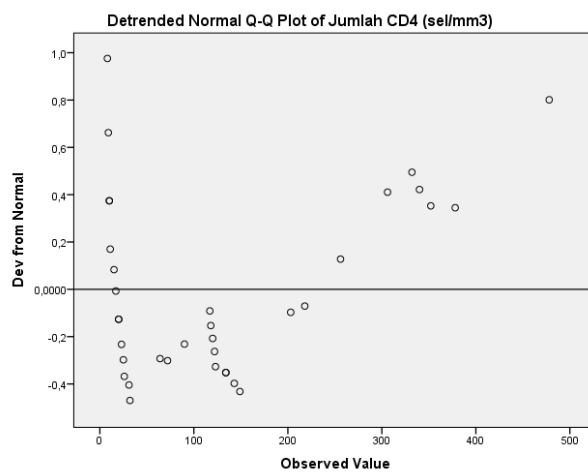
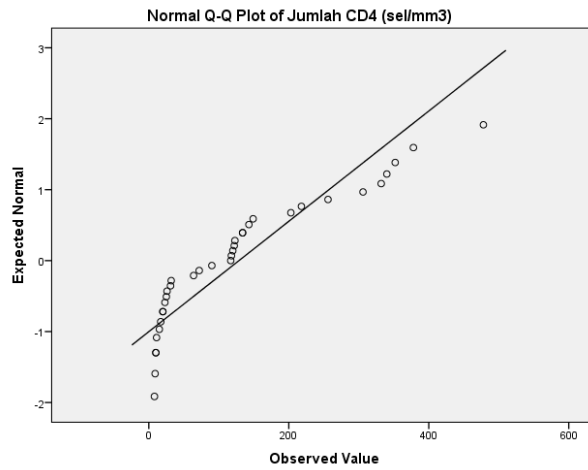
			Statistic	Std. Error
Jumlah CD4 (sel/mm3)	Mean		128,7429	21,74042
	95% Confidence Interval for Mean	Lower Bound	84,5610	
		Upper Bound	172,9247	
	5% Trimmed Mean		118,4048	
	Median		117,0000	
	Variance		16542,608	
	Std. Deviation		128,61807	
	Minimum		8,00	
	Maximum		478,00	
	Range		470,00	
	Interquartile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

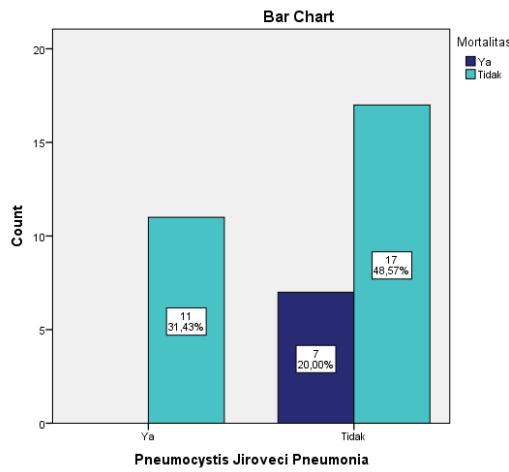
	Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	4,010 ^a	1	,045		
Continuity Correction ^b	2,395	1	,122		
Likelihood Ratio	6,054	1	,014		
Fisher's Exact Test				,072	,051
Linear-by-Linear Association	3,896	1	,048		
N of Valid Cases	35				

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

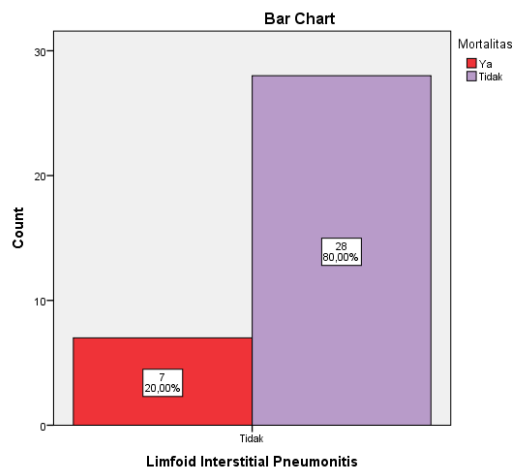
	Value
Pearson Chi-Square	a
N of Valid Cases	35

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

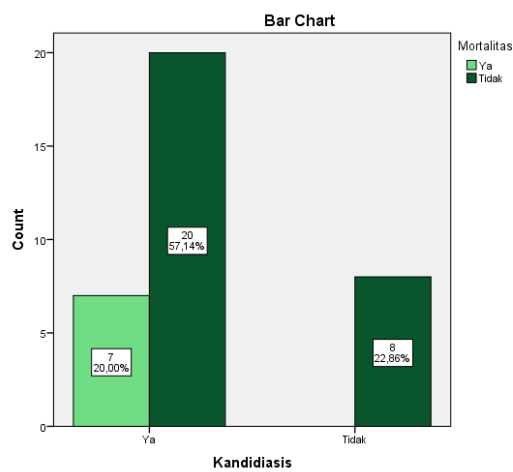
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2,593 ^a	1	,107		
Continuity Correction ^b	1,225	1	,268		
Likelihood Ratio	4,125	1	,042		
Fisher's Exact Test				,166	,132
Linear-by-Linear Association	2,519	1	,113		
N of Valid Cases	35				

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

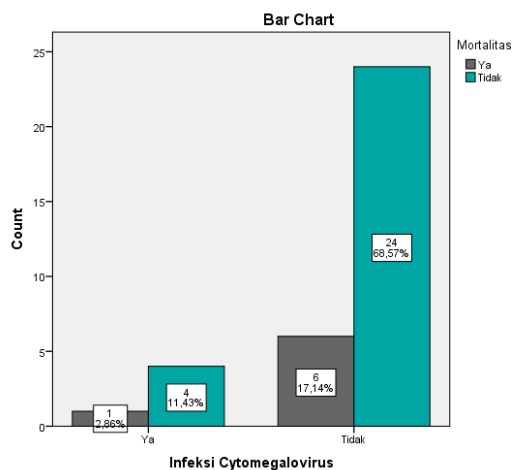
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,000 ^a	1	1,000		
Continuity Correction ^b	,000	1	1,000		
Likelihood Ratio	,000	1	1,000		
Fisher's Exact Test				1,000	,744
Linear-by-Linear Association	,000	1	1,000		
N of Valid Cases	35				

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

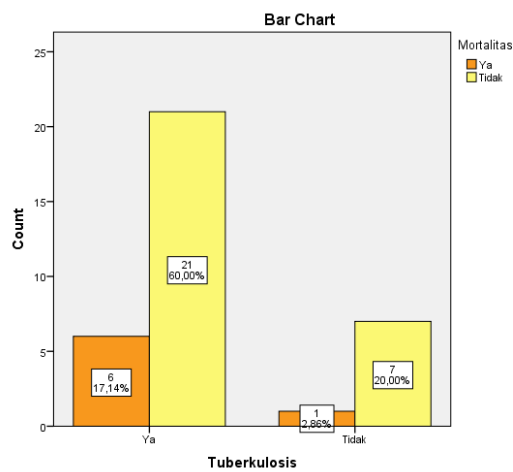
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,365 ^a	1	,546		
Continuity Correction ^b	,010	1	,920		
Likelihood Ratio	,396	1	,529		
Fisher's Exact Test				1,000	,484
Linear-by-Linear Association	,354	1	,552		
N of Valid Cases	35				

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**

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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