



SEGITIGA



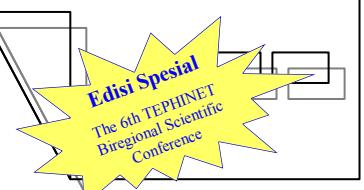
Menteri Kesehatan tengah meresmikan pembukaan The 6th TEPHINET Biregional Scientific Conference di Bali pada tanggal 8-11 November lalu yang ditandai dengan pemukulan gong. Tema konferensi ini adalah Global Surveillance Networking for Global Health.



Ki-ka : Hari Santoso (Sekretaris Panitia Konferensi), dr. Andi Muhadir (Ketua Panitia), Prof. Tjandra Yoga Aditama (Dirjen PP dan PL), dr. Dionisio Herrera Guibert (Presiden TEPHINET), dr. Mark Rosenberg (Presiden Task Force) tengah menyimak penampilan tiap negara pada International Night.

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editorial: THE 6th TEPHINET BIREGIONAL SCIENTIFIC CONFERENCE

Setelah agak lama tidak terbit Buletin Triwulan Segitiga kali ini terbit lagi secara khusus membahas tentang "The 6th TEPHINET Biregional Scientific Conference."

TEPHINET merupakan organisasi yang dibentuk mewadahi program FETP dunia, berfungsi sebagai forum komunikasi dan dengan visi dan misi memantapkan program FETP dengan standar yang sama. Disamping melakukan standardisasi kurikulum dan manajemen program, TEPHINET ke depan merancang mekanisme akreditasi dan sertifikasi FETP.

Program FETP Indonesia yang pada awalnya dipandang belum memenuhi persyaratan sebagai program FETP seperti halnya program EIS (Epidemic Intelligence Service) di CDC Atlanta. Setelah dilakukan revitalisasi program FETP akhirnya FETP Indonesia pada tahun 2008 diakui sebagai anggota TEPHINET dan pada pertemuan "The 5th Tephinet Biregional Scientific Conference" di Seoul tanggal 2-6 November 2009, diputuskan Indonesia menjadi tuan rumah untuk pertemuan yang sama ke-6. Pada pertemuan di Seoul ada 6 abstrak yang dipresentasikan secara oral dan 15 abstrak dipresentasikan secara poster oleh delegasi Indonesia.

Indonesia telah sukses menjadi tuan rumah penyelenggaraan 'The 6th TEPHINET South East Asia and Western Pacific Bi-Regional Scientific Conference' pada tanggal 8-11 November 2011 bertempat di Bali Nusa Dua Convention Center, Bali.

Pada pertemuan tersebut Indonesia menempati posisi teratas dengan 26 abstrak yang diterima untuk dipresentasikan secara oral dan 15 secara poster. Prestasi yang telah dicapai diatas membuktikan bahwa berkat bimbingan semua pihak (universitas, Kementerian Kesehatan, Sekretariat FETP, supervisor lapangan FETP dan PAE), FETP Indonesia telah bisa duduk sejajar di forum ilmiah dunia dengan program FETP lainnya.

Hendaknya prestasi ini dapat terus diperbaharui dan ditingkatkan di masa yang akan datang. Para mahasiswa dan alumni FETP hendaknya segera menyiapkan diri untuk bisa tampil pada pertemuan TEPHINET global di Jordania bulan November 2012 dan pada pertemuan The 7th TEPHINET Biregional Scientific Conference di Vietnam tahun 2013. Selamat. (INK)

6th TEPHINET Biregional Scientific Conference (Bali, 8-11 November 2011)

In 2011, Indonesia has been appointed to host The Sixth TEPHINET Biregional (Western Pacific and South East Asia) Scientific Conference. The conference will ultimately build student capacity to present their work in a scientific manner and to prepare them for the future challenges as epidemiologists.

On the other hand, it is also an opportunity for Indonesia, to showcase its own achievements, to grow the FETP in Indonesia, and to gain the important recognition of the program.

Objectives To strengthens networks of field epidemiologists who are vital in the efforts to ensure preparedness and ability to respond to global health threats

The scientific conference arranged as TEPHINET Sixth Biregional (Western Pacific and South East Asia) Scientific Conference that involving FETP-FELTP students and participants from two regions mentioned above an all around the world.

The conference was consisting with international conference and many symposiums inside. A symposium with special topic was discussed in the conference compatible with the conference topic.

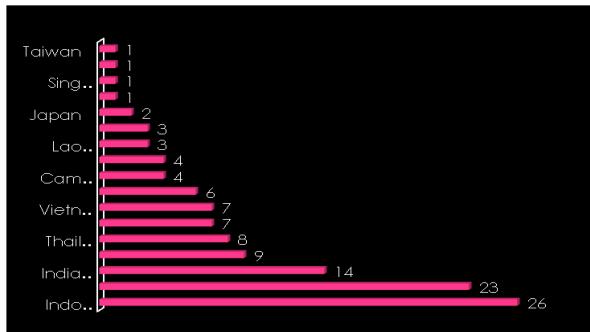
The main topic that had been discussed in the seminar is Global Surveillance Networking for Global Health. The whole topic was discussed in the conference by the speakers.

The committee has been formatted by the Ministry of Health; consist of steering committee, organizing committee, and scientific committee. An event organizer had been ordered to organize the conference. (Attachments: SK for committee and committee job description.)

The committee have received paper that been submitted until the deadline, and select it by the standard of quality. The paper that been selected from the submitted papers that the committee gains after the publication. These papers are selected by the result of the international reviewers, and will be split into 2 groups, they are: Oral Presentation and Poster Presentation

Oral Presentation

Table below shown the distribution of top 120 abstracts by country, out of a total 383 abstracts submitted from 19 countries, and been reviewed by 63 reviewers, Indonesia has the highest abstract to be presented. (Attach- List of Reviewers)



After we have selected the papers, the next step for preparation is drawing the time schedule in details. Then we were publishing the schedule to the presenter/participants/audience/intuitions and sending the detail instruction for oral and poster presentation to all FETPs within the regions.

Preconference Workshops

Pre-conference workshops and short training courses were also conducted to upgrade the knowledge and skills of the participants in the area of epidemiology, technology, management and statistics.

There were average of 30-55 participants per preconference workshop and the workshops were included:

- | | |
|----------|---|
| Workshop | Disease response: getting the policies right - UPECON-Philippine |
| Workshop | Data Management with EpiData – REDI center & SAFETYNET |
| Workshop | Lab/Epi Integrated Training toolkit; Basics of Epidemiology for Laboratory staff and Laboratory for Epidemiologists- (CAREID, Canada) |
| Workshop | Pre testing workshop on curriculum for FETP's supervisor – Regional FETP,&SAFETYNET |
| Workshop | Avian Influenza Control and Pandemic Preparedness - WHO, Indonesia/ NIH RD/University of Indonesia |
| Workshop | Conduct Community Needs Assessment for Non-Communicable Disease (NCD) - Centers for Disease Control and Prevention |
| Workshop | Third WHO workshop on Field Epidemiology Training (FET) Programs: -WHO |

Symposium during the conference:

- Symposium on International Health Regulation (2005) (DAY 1)
 - Surveillance: Past, Present and Future – Dr David Heymann, Chairman of the Board of the UK Health Protection Agency, UK
 - IHR and Pandemic Influenza - Dr Richard Brown, Regional Adviser, Disease Surv and Epi, WHO SEARO
 - Surveillance for Severe Respiratory Disease: Challenges and Opportunities – Jeffrey McFarland, MD, US CDC Country Director/China
- Symposium on Non-communicable Diseases (DAY 2)
 - Non Communicable Diseases – Epidemiology: The key to evidence – Prof. Guang Zeng, Director of China FETP
 - NCD and its implication – Future Perspective – dr. Renu Garg, Non Communicable Diseases, WHO-SEARO
- Symposium on Disaster and Epidemiology (DAY 2)
 - Disasters, disaster management, and disastrous management – dr. I Nyoman Kandun, Member of Advisory Board of Indonesian National Agency Disaster Management and Director of FETP Indonesia
 - Triple Disaster – earthquake, tsunami, and radioactive accidents – Dr Takeshi Kasai
- EINet Hot Topics Video Symposium (DAY 3)
"Trade and Travel Impacts of Infectious Diseases"
Theme of the Video Conference on Trade and Travel Impacts of Infectious Diseases by Dr. Ann Marie Kimball, Past Director of APEC EINet
Three Presentations
 - Singapore
Presentation title: Impact of MDRTB Cases Among Medical Tourists in Singapore
Speaker: Ms. Jayne Lim, Senior Public Health Officer, Ministry of Health, Singapore

Fakta Singkat : Dari 383 abstrak yang diterima, Indonesia berhasil menjadi peserta yang mengirimkan abstrak terbanyak, penampil presentasi terbanyak (26 oral dan 15 poster), dan berhasil menjadi juara kedua pada presentasi oral dan juara ketiga pada presentasi poster.

2. Chinese Taipei

Presentation title: Development of Travel Medicine in Chinese Taipei

Speaker: Ms. Li- Gin Wu, Technical Specialist, Centers for Disease Control and Prevention, Taiwan

3. United States of America – Atlanta CDC

Presentation title: Multistate Outbreak of Listeria Infections Linked to Cantaloupe, United States, 2011 – The Deadliest Food-borne Outbreak in 80 Years

Speaker: Dr. Robert Tauxe, Deputy Director, Division of Food-borne, Waterborne and Environmental Diseases, National Center for Emerging and Zoonotic Infectious Diseases

E. Symposium on Emerging Diseases (DAY 3)

1. Human and Animal Interface – the future challenges in zoonosis – Prof. Trihono, Head of Indonesia NIHRD

2. Challenges in Emerging Infectious Diseases in the Region - Prof John Mackenzie, Centre for Emerging Infectious Diseases Health Sciences, Curtin University & Australian Biosecurity CRC

Conference

The participants that attending the conference are 679 people from 33 countries: , Afghanistan, Australia, Bangladesh, Bhutan, Cambodia, Canada, China, Germany, Hong Kong, India, Japan, South Korea, Kenya, Lao PDR, Malaysia, Mongolia, Myanmar, Nepal , Philippine, Singapore, Spain, Sri Lanka, Taiwan, Thailand, Vietnam, USA, UK, Canada, Timor Leste, Indonesia, Haiti, Sri Lanka, Syria and Uganda.

They are from FETP Indonesia, FETP Regional SEARO, WPRO, NGO's, Ministry of Agriculture and Veterinarian, Profession Organizations, Provincial and District Health Office, Indonesia Ministry of Health, Public Health Officers, Universities, Sponsors, and Media.

The Best Oral and Poster Presentations:

Oral Presentation

As the result of the 120 presentations which divided into 24 breakout sessions, 3 winners were selected for orals, even though there are tied for the third winner, as follow:

1. Siobhan E. Reddel : Australia
2. Purnama Magdalena Simanullang : Indonesia
3. a. Ya Jing Feng : China
b. T Wangteeraprasert : Thailand
c. T. Jalani : Philippines
d. Wandee Kongkaew : Thailand

Poster Presentation

There were 4 winners for poster presentation out of 40 presenters that selected from the abstracts submitted.

1. Jobin G. Maestro : Philippines
2. Ghiraj Singh : India
3. a. Qiaohong Liao : China
b. Samsu Aryanto : Indonesia

Participants could be trained for upgrade the knowledge and skills in the areas of epidemiology, technology, management, and statistics and they could be able to share this knowledge and skills among the public health officials in their country. ——

Catatan dari Penyelenggaraan :
The 6th TEPHINET Biregional Scientific Conference

Awal mula Indonesia bisa menjadi tuan rumah adalah dari konferensi Biregional Tephinet tahun 2009 di Korea Selatan, waktu itu Indonesia berhasil meloloskan 7 orang mahasiswa untuk mempresentasikan abstraknya. Disana lah Indonesia – melalui dr. I Nyoman Kandun selaku ketua delegasi – ditawari TEPHINET untuk menjadi tuan rumah konferensi biregional berikutnya (tahun 2011) padahal ketika itu Indonesia belum secara resmi diterima menjadi anggota TEPHINET, walaupun Indonesia sudah memiliki program pendidikan FETP sejak tahun 1982 (salah satu yang tertua setelah Amerika Serikat dan Thailand) namun FETP Indonesia mengalami kevakuman sejak tahun 1984. Hingga kemudian pada tahun 2008 ketika revitalisasi FETP dimulai, FETP Indonesia bangkit kembali dengan direkrutnya masing-masing 10 orang mahasiswa di UI dan UGM. Tentu saja kesempatan emas tersebut ditanggapi dengan baik dan dijawab secara resmi oleh Direktur Jenderal PP dan PL, Prof. Tjandra Yoga Aditama.

Dengan dukungan penuh dari Kementerian Kesehatan, dari titik itulah semua bergulir cepat, diawali dengan pemrosesan SK kepanitiaan yang ditandatangi oleh Menteri Kesehatan, penunjukan Event Organizer, pembangunan website, pencarian sumber dana/sponsorship, penyusunan agenda ilmiah, desain dan cetak logistik, pemilihan dan penjajakan lokasi, publikasi, penerimaan abstrak, perizinan event ke Pemda Bali, Polda juga Imigrasi, kontak reviewer dan keynote speaker, dan lain sebagainya, semua ditindaklanjuti dengan menyusun timeline dan workplan hingga sekecil-kecilnya. Tentu saja segala hal ini menyimpan tantangannya masing-masing, dan setiap hal tersebut harus dipikirkan secara serius untuk jalan keluarnya, apalagi di saat awal kami sangat terkendala sumber dana, sedangkan kebutuhan operasional persiapan sangat besar. Bisa dikatakan kami mulai semuanya dari nol.

Bila kemudian ada yang bertanya, "How can you make it, while your funding resources are very limited?".

Jawabnya bila berdasar skala sebab akibat sebagaimana yang telah kami alami selama persiapan hingga penyelenggaraan konferensi adalah sebagai berikut:

1. **Jejaring.** Kami menggalang bantuan dari segala pihak, baik dalam maupun luar negeri, swasta maupun instansi, secara formal maupun informal. Sungguh, tanpa bantuan semua kerabat FETP, konferensi kemarin tidak mungkin sukses itu, atau mungkin bahkan tidak akan terlaksana.
2. **Komitmen.** Untunglah, semua pihak yang membantu memiliki komitmen yang sangat kuat dalam mensukseskan konferensi ini. Tidak meninggalkan kami sendirian walaupun banyak kendala yang dihadapi, tetapi malah membantu mencari solusi dengan tanpa kenal lelah dan tanpa pamrih.
3. **Tim yang Kompeten.** Sebenarnya ini masih turunan dari Networking dan Komitmen, kami juga rupanya selain mendapatkan orang-orang yang penuh komitmen, juga orang-orang yang kompeten di bidangnya, dan mereka telah memberikan kemampuan yang terbaik pada konferensi yang lalu.
4. **Sumber Dana.** One famous quote said, "Money isn't everything, but without money we can not do anything." Kalimat ini cukup sesuai, walaupun kami menempatkan sumber dana di urutan keempat. Tanpa jejaring, tanpa komitmen orang-orang yang membantu, tanpa kompetensi mereka di bidangnya, tentu sulit meyakinkan seseorang atau suatu instansi untuk tertarik dan berminat menjadi sponsor konferensi, atau menghadiri konferensi.

Untuk itu, kami tidak akan pernah bisa berhenti mengucap terima kasih kepada semua pihak yang telah tanpa lelah mendukung pelaksanaan konferensi dengan sepenuh hati. Afterall, it was a successful conference that made us very proud with the achievement of Indonesian FETP students, for a better FETP in Indonesia, when there is a will, there is a way! ——(dk)

Risk Factors on Dengue Hemorrhagic Fever (DHF) and Mapping of Aedes aegypti Resistance in Wonogiri Sub District of Wonogiri District in 2010

Authors: Purnama M. Simanullang, Tri Baskoro T. Satoto, Lutfan Lazuardi



Background: Dengue hemorrhagic fever is a problem in tropical and sub tropical countries. In Wonogiri District, the IR of DHF in 2009 was 3.64/10,000 with CFR of 0.52%, distributing in 13 sub districts and 48 villages endemics area. Wonogiri sub district is a DHF endemic with IR in 2009 was 14.86/10,000 (CFR 1.43%). Factors influencing DHF incidence and case dispersion pattern, namely individual and ecological factors, such as demographic variables and the resistance of Aedes aegypti to insecticide used for controlling the DHF vectors were investigated in this study.

Objective: To describe spatial distribution pattern of DHF cases and to find out risk factors that were related to DHF incidence in Wonogiri subdistrict in 2010, that included educational level and occupational status of level, maya index, and mosquito resistance to insecticide.

Method: This was an observational study with matched case-control study design. Criteria case is patient DBD 2010, controls match by age and sex. (AV). Quantitative data analysis with frequency distribution, bivariable analysis with chi-square (967;2) test according to McNemar and multivariable analysis with conditional logistic regression. Cluster with nearest neighbour analysis was conducted.

Result: There was no significant relationship between educational 1 level (p value > 0,05). Being unemployed (p value = 0,0017, OR = 4,8; 95%CI = 1,64 - 14,16), high maya index around the house (p value = 0,000, OR= 4,3; 95%CI 2,08-9,26) were risk factor of DHF incidence. Levels of resistance to insecticide of Aedes aegypti were high (17.51%), moderate (57.77%), and sensitive (24.72%). Clusters of incidence were found in high density residential areas.

Conclusion: Unemployed, High Maya index, mosquito resistance and residing in dense area are risk factors of dengue hemorrhagic fever.

**The 2nd Best Oral Presentation
Purnama Simanullang (UGM 2nd Cohort)**

Investigation of Food poisoning in Elementary School at Balong, Timbulharjo, Sewon, Bantul, Yogyakarta in August 29, 2010

Authors: Samsu Aryanto, Dibyo Pramono, Sukardi Pangade

Background: Food was one of media spread of pathogenic germs and toxins. The unhygienic management of food made the potential causes of poisoning.

Objective: The investigation was conducted to determine the causes and risk factors, so it can be used to prevention of food poisoning.

Methods: Case-control was used to determine the causes. The populations were shared meal participants with 26 patients showed symptoms: nausea, vomiting, diarrhea, stomach, pallor, shortness of breath, chills, muscle weakness, headache, and fever after eating rice, fried-chicken, vegetables, crackers, chili sauce, mineral water, and tea. The control groups were 65 respondents who consumed the same food but didn't show the symptoms.



Odds Ratio (OR) and attack rate (AR) were used to measure the magnitude of risk for each type of food. To support the diagnosis of the causes were done by examining on the remaining samples of food and water.

Results: They were 42.3% male and 57.7% women in cases. Incubation period was 2-6 hours. The first case detected after 2 hours eating (6 cases), and the most was at interval of 3 hours (11 cases). AR highest in children 9 age years (60%) and the fifth students (37.9%). The highest AR was vegetables (40.54%). The results of statistical analysis showed that the fried-chicken (OR=3.659, 95%CI=0.906-8.326, p =0.042) and vegetables (OR=2.665, 95%CI=1.033-3.835, p =0.036) as the causes. In laboratory tests there were contamination in fried-chicken by *Staphylococcus aureus* and *Salmonella*, vegetables by *Escherichia coli*, and 1.898 coliform MPN in the catering water (maximum 50).

Conclusion: Management of food and sanitation facilities were still needed. The cooperation of the programmers and other sectors to improve public knowledge about sanitation and food safety is important.

Key words: investigation, food poisoning, pathogens, Bantul

**The 3rd Best Poster Presentation
Samsu Aryanto (UGM 2nd Cohort)**

Fakta singkat : EINet Hot Topics Video Symposium (DAY 3) dengan tema "Trade and Travel Impacts of Infectious Diseases" yang diikuti dari 9 lokasi: Seattle (USA), Atlanta (USA), Filipina, Australia, Singapura, Malaysia, China Taipei, Chili dan Bali (Indonesia) selama 90 menit hanya membutuhkan biaya sebesar USD 2000 saja, dan sebenarnya bila berduration 120 menit maka biayanya akan menjadi lebih murah menjadi USD 1500. Teknologi mempermudah informasi!



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3. Laporan Mingguan Sentinel ILI

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GET CLOSER WITH....



Name : Dr Nirmal Kandel

Place of birth : Kathmandu

Work :

World Health Organization – Country office for Indonesia. Disease Surveillance and Epidemiology (DSE) Unit, Technical Officer

Working Area:

1. Surveillance System
2. Outbreak Investigation and Response
3. FETP
4. Zoonosis and other EIDs

Why interested with epidemiology :

Everyday and every event....there are new things to find and explore evidence...which can be utilized immediately....

Interesting experience with epidemiology :

There are many, however, after coming to Indonesia I reckon the outbreak Investigation of Leptospirosis in Yogyakarta was very interesting, where we could able to find remarkable evidence, which helped on decision making.

Favorite food :

Food from Manado and Ayam Taliwang



Hobby :

Writing, dancing and watching movies...

Things I like and dislike in Indonesia :

Like: Amazing country with beautiful places with lot of diversities and very nice and helpful people.

Dislike: None except – Jakarta Traffic (macet)

Fakta Singkat : TEPHINET Regional Conferences tahun 2011

Americas : The 7th Scientific Conference for the region of the Americas was held in San Pedro Sula, Honduras, November 13-17, 2011. The conference was hosted by the Ministry of Health of Honduras and TEPHINET. Over 180 trainees, graduates and mentors from 14 different countries attended. Of the 169 abstracts submitted, 59 were selected for oral presentation and 57 for poster presentation.

Africa : The 5th African Field Epidemiology Network Scientific Conference was held in Dar es Salaam, December 11-16, 2011. Of the 268 abstracts submitted, 70 were selected for oral presentation and 120 for poster presentation

Europe : The 2011 European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) was held in Stockholm, Sweden, November 6-8, 2011. The conference was hosted by the European Centre for Disease Prevention and Control and TEPHINET and boasted 112 oral presentations and

180 poster presentations

Eastern Mediterranean : The 2nd EMPHNET/5th TEPHINET Scientific Regional Conference for the Eastern Mediterranean region was held in Sharm El Sheikh, Egypt from December 6-9, 2011. The conference was hosted by the Eastern Mediterranean Public Health Network and TEPHINET. Of the 108 abstracts submitted, 54 were selected for oral presentation and 29 for poster presentation, and nearly 100 attendees were present.

Southeast Asia-Western Pacific : The 6th TEPHINET Southeast Asia and Western Pacific Biregional Conference was held in Bali, Indonesia, November 8-11, 2011. The conference was held in the Nusa Dua Convention Center and attended by 679 professionals from 33 countries. Of the 383 abstracts submitted, 110 were selected for oral presentation and 40 for poster presentation.

GALERI FOTO



Ketua Editor: I Nyoman Kandun, **Penulis/Editor/Desain/Layout:** Dyah Kusumodewi, **Editor/Kontributor:** Andi Muhadir, Hari Santoso, Nirmal Kandel, Purnama Magdalena, Samsu Aryanto. **Ketua Editor mempersilakan anda untuk ikut berkontribusi dengan menyumbangkan artikel, berita, foto, informasi kegiatan, dan opini dari pembaca. Editor memiliki hak untuk mengeedit agar sesuai dengan desain dan layout apabila diperlukan.**

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