Evaluation of the Simplicity and Completeness on Two Models (Manual and Web-Based) Reporting of the Case-Based Measles Surveillance System in Special Region of Yogyakarta (DIY)

Kornelius Langga Son[1],Andri S.D Nugroho[2] , Th. Baning Rahayujati[3]

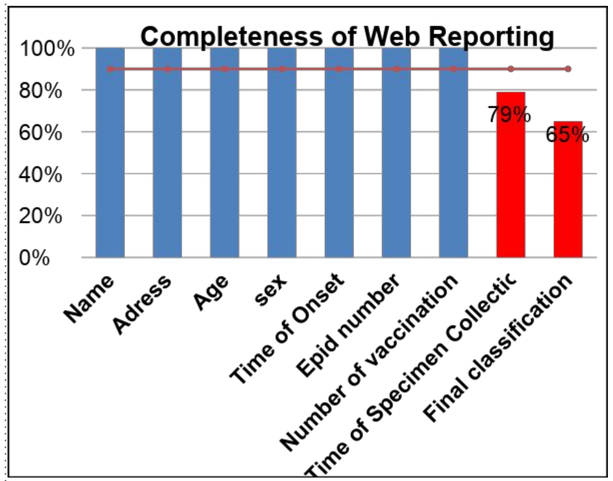
BACKGROUND

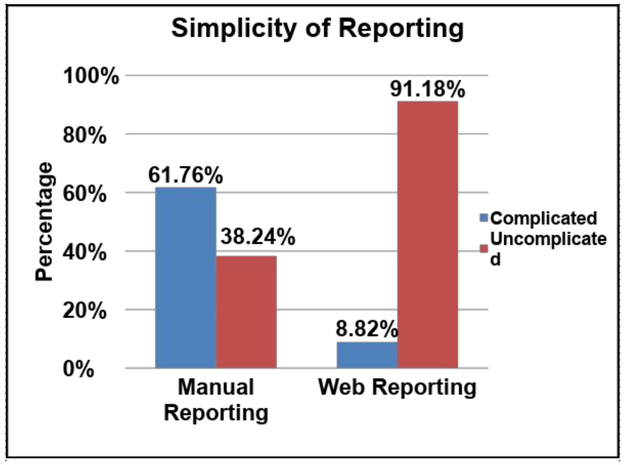
In order to eliminate measles in 2020, the Health Office of DIY has developed the surveillance system by implementing CBMS into two different models (Manual and Web-Based Reporting) at the same time which directly affect the simplicity and the completeness of surveillance since the surveillance officers have to input, tabulate and analyze the same data into two models. Hence, this study aimed to evaluate the simplicity and completeness of the CBMS in both models.

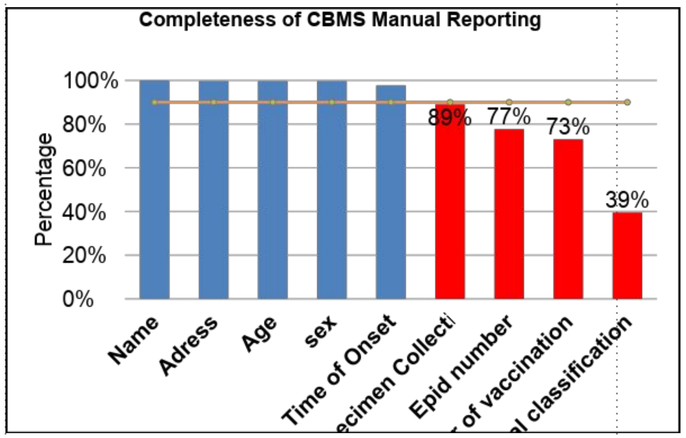
METHODS

Descriptive evaluative study was conducted in DIY from January 2019 to March 2019. A total of thirty-four (n=34) respondents of health offices in 5 districts, 20 public health care offices and 4 hospitals. Samples were defined by using purposive sampling based on the completeness of the report. Data of simplicity was collected by using a structured questioner. While in measuring completeness, due to lack of information in the health offices, we only observed secondary data in primary health care offices and hospitals. Data were analyzed by using *stata 13.1*.

Results







CONCLUSION

Overall, the study revealed that the simplicity and completeness was higher in web reporting rather than manual reporting. Furthermore, we also considered either a high percentage of specimen collection in manual reporting or the lowest percentage of final classification in both models was caused by the complexity of reporting forms which affect to overburden of the task. Consequently, the surveillance officers cannot fill the forms completely in both models.

REFERENCE

1. Sub Direktorat Surveilans Epidemiologi. *Petunjuk Teknis Surveilans Campak*. Jakarta; 2008.
2. Kementerian Kesehatan Republik Indonesia. *Profil Kesehatan Indonesia 2017*.; 2017.
3. dinas kesehatan provinsi DIY. Profil Kesehatan DI Yogyakarta Tahun 2017. 2017.
4. WHO. *Distribution of Measles Cases by Country and by Month, 2011-2018*.; 2008. https://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/measles_monthlydata/en/.
5. World Health Organization. Response to measles outbreaks in measles mortality reduction settings. *World Heal Organ*. 2009;WHO/IVB/09:45. doi:10.4103/0256-4602.81244
6. Alertresponse E. Communicable disease surveillance and response systems. 2006.
7. Chaintarli K, Jackson S, Cotter S, O'Donnell J. Evaluation and comparison of the National Tuberculosis (TB) Surveillance System in Ireland before and after the introduction of the Computerised Electronic Reporting System (CIDR). *Epidemiol Infect*. 2018:1-7. doi:10.1017/S0950268818001796