Kesesuaian Gambaran Klinis Frambusia Menurut Pedoman World Health Organization Dengan Kepositifan Rapid Diagnostic Test Standard Q Syphilis Ab Biosensor Dan Rapid Diagnostic Test Chembio Dual Path Platform (Dpp) Syphilis Screen And Confirm: Studi Pada An = Compatibility Of Yaws Clinical Features Based On World Health Organization With The Positivity Of Rapid Diagnostic Test Standard Q Syphilis Ab Biosensor And Rapid Diagnostic Test Chembio Dual Path Platform (Dpp) Syphilis Screen And Confirm

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Abstrak

Latar belakang: Eradikasi frambusia tahun 2020 belum tercapai. Penilaian klinis mengacu pada pedoman WHO. Beberapa studi terakhir melaporkan perkembangan gambaran klinis frambusia menjadi tidak khas, dengan skar yang dilaporkan sebagai temuan terbanyak. Lesi yang tidak dikenali menyebabkan konfirmasi serologi akan terlewat. Saat ini skar sudah dicantumkan kembali ke dalam pedoman WHO terkini, namun belum termasuk dalam katerogi lesi kasus suspek berdasarkan Peraturan Menteri Kesehatan (Permenkes) nomor 8 tahun 2017. Diagnosis frambusia diawali dengan penilaian kasus suspek atau probable, dikonfirmasi dengan pemeriksaan rapid diagnostic test dan pemeriksaan rapid plasma reagin jika meragukan. Alat uji baru RDT DPP telah dianjurkan WHO untuk daerah endemis tanpa fasilitas laboratorium lengkap serta dikombinasikan penggunaannya dengan RDT Biosensor. Tujuan: Menilai kesesuaian gambaran klinis frambusia berdasarkan pedoman WHO terhadap RDT STANDARD Q Syphilis AB Biosensor dan RDT CHEMBIO Dual Path Platform (DPP) Syphilis Screen and Confirm dalam mendiagnosis frambusia pada anak usia 215 tahun di Kabupaten Alor, Nusa Tenggara Timur. Metode: Setiap satu sampel penelitian dinilai gambaran klinis dugaan frambusia berdasarkan pedoman WHO, diperiksakan RDT Biosensor, serta RDT DPP. Hasil pemeriksaan akan dinilai kesesuaiannya. Hasil: Terdapat 197 subjek penelitian yang diikutsertakan dalam penelitian ini. Lesi kulit terbanyak yaitu skar frambusia (79,7%). Proporsi kesesuaian keseluruhan gambaran klinis terhadap RDT Biosensor yaitu 28,9% (p=1,000) dan terhadap RDT DPP yaitu 26,9% (p=0,202). Kesesuaian antara gambaran klinis suspek frambusia terhadap hasil RDT Biosensor positif sebesar 77,3% dan terhadap hasil RDT DPP positif sebesar 100%. Selain itu terdapat kesesuaian sebesar 22,8% antara gambaran klinis bukan frambusia dengan RDT Biosensor negatif dan 23,8% dengan RDT DPP negatif. Kesimpulan: Kesesuaian antara gambaran klinis dugaan frambusia berdasarkan pedoman WHO terhadap RDT bernilai rendah, sehingga gambaran klinis kurang dapat dijadikan acuan awal dalam menegakkan diagnosis frambusia di daerah endemis.
.....Background: Yaws eradication in 2020 has not been achieved. Clinical assessment refers to WHO guidelines. Several recent studies reported the development of the atypical yaws clinical features, scar was reported as the most common finding. Unrecognized lesions cause serological confirmation to be missed. Currently, scar is not included in the suspected cases category based on the Regulation of the Minister of Health (Permenkes) number 8 of 2017. Yaws diagnoses begins with the assessment of suspected or probable cases, confirmed by a rapid diagnostic test and rapid plasma reagin examination if in doubt. The new RDT DPP test kit has been recommended by WHO for endemic areas without complete laboratory facilities and

its combined use with the RDT Biosensor. Objective : Assessing the suitability of the clinical features of yaws based on WHO guidelines with the STANDARD Q Syphilis AB Biosensor and CHEMBIO Dual Path Platform (DPP) Syphilis Screen and Confirm in diagnosing yaws in children aged 2-15 years in Alor District, East Nusa Tenggara. Methods: Each study sample was assessed for suspected yaws clinical features based on WHO guidelines, examined for RDT Biosensor, and RDT DPP. Results : There were 197 research subjects who were included in this study. Scar was the clinical feature that mostly found (79,7%). Overall percent agreement between clinical features with the RDT Biosensor was 28.9% (p=1,000) and against the RDT DPP was 26.9% (p=0,202). The concordance between yaws clinical features between the positive RDT Biosensor result was 77.3% and the positive RDT DPP result was 100%. In addition, there is a 22.8% concordance between the clinical features of non yaws with a negative Biosensor RDT and 23.8% with a negative RDT DPP.Conclusion : The concordance between yaws clinical features based on WHO guidelines for RDT is low, so that the clinical features should not be used as an initial reference in establishing a diagnosis of yaws in endemic areas.