

Mengucapkan:

Selamat Idul Fitri 1 Syawal 1435 H

Minal Aidzin Wal Faidzin, Mohon Maaf Lahir dan Bathin
Semoga Allah SWT senantiasa melimpahkan Rahmat, Taufiq serta Hidayah-Nya
kepada kita sekalian. Amin Yaa Rabbal Alamin...

Kepala Pusat Teknologi Terapan Kesehatan dan Epidemiologi Klinik,
Dr. Siswanto, MHP, DTM

Eid Mubarak

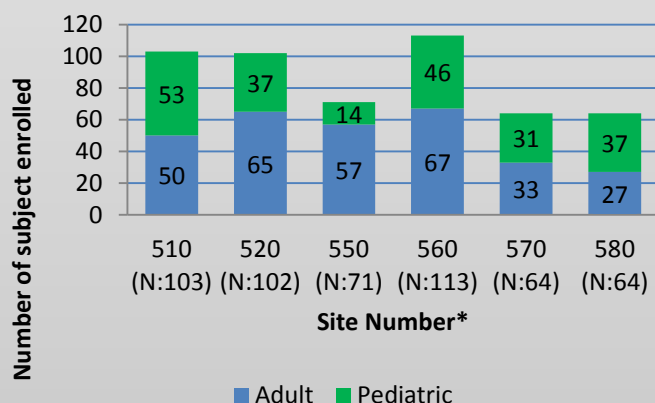
AFIRE STUDY

The Etiology of Acute Febrile Illness Requiring Hospitalization (AFIRE)

For further information on this study please go to:
<http://www.ina-respond.net/afire-study/>

This observational cohort study of hospitalized patients with acute febrile illness has been going for about one year, and 517 subjects have been recruited in the study (299 adults and 218 children). We need 1,038 subjects to complete the study.

Enrollment progress up to July 20 can be seen in the graphic below:



*510 – RSUP dr Hasan Sadikin, Bandung
550 – RSUP dr Wahidin, Makassar
570 – RSUD dr Soetomo, Surabaya
520 – RSUP Sanglah, Denpasar
560 – RSUP dr Kariadi, Semarang
580 – RSUP dr Sardjito, Yogyakarta

SAE Reporting

Based on NIHRD IRB's letter in May 2014, 5 active sites under NIHRD IRB are expected to report all SAEs regardless of their relation to the study procedures. A total of 29 SAEs has been reported to NIHRD IRB. Below are the details of the reported SAEs:

Month of Event	SAEs criteria		Relatedness to the study procedure (blood draw)
	Unplanned hospitalization	Death	
Oct 2013		3	Not related
Nov		2	Not related
Dec		4	Not related
Jan 2014		3	Not related
Feb		3	Not related
Mar		1	Not related
Apr		2	Not related
May		1	Not related
Jun	2	4	Not related
Jul	3	1	Not related
TOTAL	5	24	Not related

Detailed screening and enrollment progress is available in portal folder: Studies\INA101\Screening progress.pdf or go to the following link:

<https://ina-respond.s-3.com/EdmFile/getfile/797233>



HIV STUDYHIV/AIDS PREVENTION
TREATMENT, CARE AND SUPPORT

ACCESS FOR ALL!

As described in the previous newsletter edition, INA-RESPOND network is preparing a community-based HIV study, called Indonesia PASTI BISA. The hypothesis of this study is 'early administration of ART in positive persons will decrease the incidence of HIV in the population'. This hypothesis is strongly supported by the analysis of Andrew Hill, which is presented during the 20th International AIDS Conference, held in Melbourne from July 20 – 25, 2014.

He concludes that countries with higher ART coverage rate have significantly lower rates of new HIV infections and HIV-related death. Also, if in all the 51 countries that were analyzed had high (62%) ARV coverage rate, 65% new HIV infections and 70% HIV-related death would be prevented.

However, since his analysis was estimates based on prediction HIV/AIDS data obtained from the UNAIDS, further research in the communities themselves needs to be conducted. This is in line with the INA-RESPOND's Indonesia PASTI BISA. Currently, epidemiology data from all the districts in Indonesia are analyzed by the statisticians and epidemiologists to determine which districts are selected.

-HK-

SEPSIS STUDY

A meeting will be held in Jakarta on August 6th to get an overview on how our partners in Thailand and Vietnam conducted the Sepsis study. In light of what is shared in the meeting, it is hoped that representatives for the three Indonesian sites can better prepare their sites. Dr Direk Limmathurotsakul will also visit Indonesia for the first time as the Director of SEAICRN from August 18 – 21. Dr Direk will visit Sardjito hospital, Wahidin Sudirohusodo hospital, and Cipto Mangunkusumo hospital while at the same time Mr. Erik Jolles, the FHI 360's Data Manager, will visit INA-RESPOND Secretariat in Jakarta and have a meeting with Ms Kanti Laras, the INA-RESPOND's Data Manager, to discuss data management for this study. We are looking forward to welcoming dr Direk and Mr. Erik in Jakarta.

-SK-

**TRIPOD STUDY**

JAKARTA – The INA-RESPOND network is really excited as TRIPOD study preparations are getting primed. The TB Investigator, dr Retna Mustika Indah, has submitted the latest version of TRIPOD protocol, study budget, CRF, and ICF to the Scientific Committee. The protocol team is now waiting for the Scientific Committee's review. Meanwhile, the Secretariat is working on the Manual of Procedures (MOP) based on the latest version of the protocol and on the Source Document Worksheet (SDW).

The preparation of TRIPOD study does not stop there. Laboratory Specialists held a small meeting on July 18 – 19 to discuss laboratory-related sections in the MOP. Furthermore, the team will also get together to talk about the study budget and preparations for the Investigator Meeting, which will be held in early October 2014 in Bogor.

For more information on this study, please go to <http://www.ina-respond.net/tripod-study/>

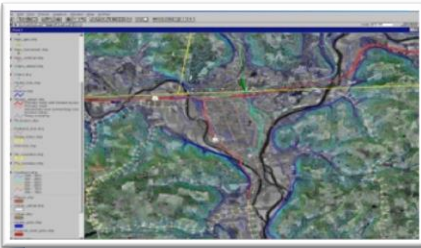
-NHS-

**UPCOMING
EVENTS****Meetings:**

- Sepsis Meeting: 6 August 2014 @ NIHRD, Jakarta
- Dr Direk's Visit to Yogyakarta & Makassar: 19 – 20 August 2014
- Sepsis Study's Data Management Meeting: 18 – 19 August 2014

SCIENTIFIC CORNER

Geographic Information System (GIS)



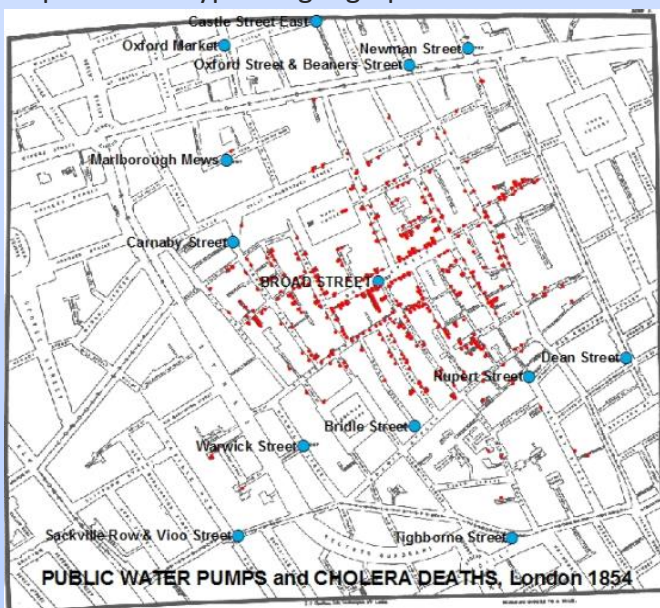
Geographic Information Systems (GIS) and its related technologies were designed to find relationship between pathological factors (causative agents, vectors and hosts, people) and their geographical environments. GIS may show the time and space where people are exposed to environmental and biological agents as well as mapped and analyzed spatial and temporal patterns in health outcomes. (Cromley, 2003)

How do they discover GIS?

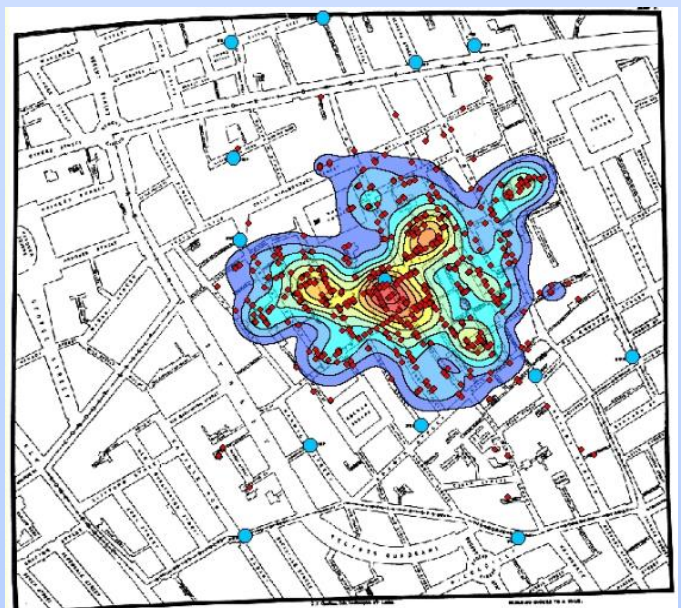
One classic story told to medical students and public health student is how John Snow traced the source of a cholera outbreak in Soho, London, in 1854. Snow used a plotting map to illustrate the cluster of cholera cases around the water pump. It turned out that Southwark and Vauxhall Waterworks Company was taking water from sewage-polluted sections of the Thames River and channeled the water to houses, leading to an increased incidence of cholera. Owing to the incident, John Snow is considered as a pioneer of GIS. (Setyawan, 2014)

In Pictures, GIS Map: Then and Now

With the development of science and technology, GIS is becoming more sophisticated and accurate. If the first GIS map was done manually with a paper map, caliper and ruler, now we use satellite and digital data. GIS has been developed as a computer system designed to capture, store, manipulate, analyze, manage, and present all types of geographical data



John Snow's 1854 map of the cholera outbreak showing the cluster of cholera cases in the London epidemic. The water pumps are shown in blue circles, and the red circles indicate the number of deaths at that location. This map provided strong evidence in support of Snow's theory that cholera was a water-borne disease. (Steven Johnson, 2006)



Modern GIS technologies use digital information. A hard copy map or survey plan is transferred into a digital medium through the use of a CAD program and geo-referencing capabilities. With this digital map, disease transmission can be estimated more accurately. (Steven Johnson, 2006)

GIS in Health

Many disciplines can benefit from GIS technology. In the medical field, GIS is used to find out the originating source and geographical spread of various diseases either from environment or other biological agents. GIS is able to detect the trend of a disease and disease risk factor, so it can be used for predicting likely outcome and for planning intervention to minimize damage.

With this capability, GIS is being applied to map various infectious diseases such as, Tuberculosis, Dengue and Hantavirus (Harimurti,2007; Kristina,2008, Cromley,2003) and non-infectious disease such as Cancer (Elebead,2012).

What can GIS do for INA-RESPOND?

INA-RESPOND has been developing GIS application in order to provide epidemiology data for its HIV/AIDS study, Indonesia PASTI BISA. Basic GIS data about HIV/AIDS from all provinces are greatly valuable to support this community trial study.

You can fiddle around with free and open source software here: <http://www.qgis.org>

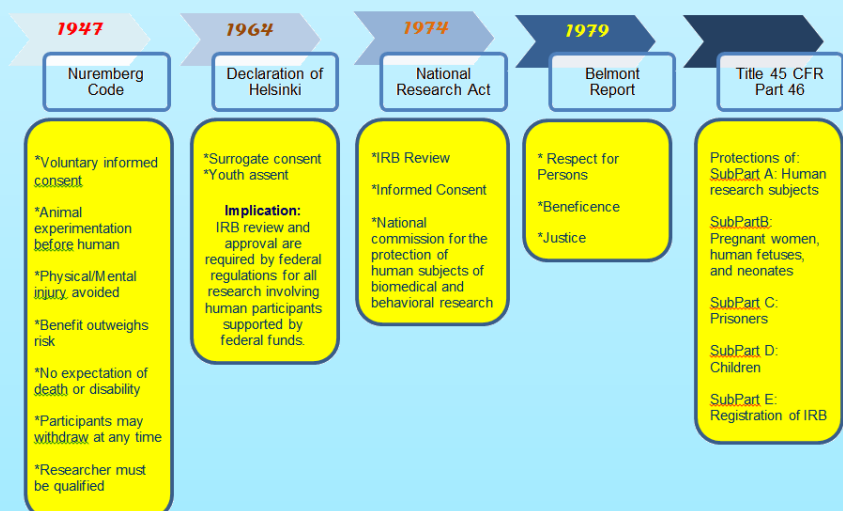
-AAP/AP/HK-

G C P FORUM / Title 45 Code Federal Regulations, Part 46

A look at past and present research practices is the framework for understanding the purpose of the regulations that protect the rights and welfare of persons who are the subjects of human research. Past practice was the stimulus for the initial regulations for human subjects research; however ongoing occurrences of ethical misconduct reinforce the value of and continuing need for the Institutional Review Board (IRB) review process.

The ethical principles in the Belmont Report, Respect for Persons, Beneficence, and Justice, are the standards on which current federal laws and regulations governing human subjects research are based and ethical practices of research studies are evaluated. In 1974, the Department of Health and Human Services (HHS) instituted formal IRB procedures as part of the regulations for the Protection of Human Subjects of Biomedical Research (Title 45 Code of Federal Regulations (CFR) 46, Subpart A). In 1991, the National Commission recognized the need for a common federal policy and recommended that all federal departments and agencies adopt as a common core the regulations governing research with human subjects issued by the HHS (45 CFR 46), which establish what is required to be considered research activities and for participants to be considered human subjects of research. The adoption of these "common" regulations by seventeen Federal departments and agencies became known as the Common Rule.

To facilitate compliance with the regulations, through a system of IRB registration and assurances, institutions must commit to compliance with 45 CFR part 46 before initiating participation in research involving human subjects. Overtime, the Code has been revised and developed to provide better protections to human subjects. The current version was made effective as of July 14, 2009.



-SK-

INA-RESPOND

SQUAD

Site 570 – RSUD dr Soetomo, Surabaya

SITE TEAM:

NSC Member at Site : **Prof. Dr. Suharto, SpPD, KPTI**
 Site PI : **Prof. Dr. dr. Usman Hadi, SpPD-KPTI**
 Co-PIs : **dr. DwiYanti Puspitasari, Sp.A**
 dr. Endang Retnowati, MS, Sp.PK(K)
 Research Assistants : **dr. Mochammad Helmi Aziz**
 dr. Akbar Fahmi
 Lab Technicians : **Agitha Brilian Hendraswati**
 Sri Hariastuti, Amd



From left to right: Prof Suharto, Dr Helmi, Prof Usman, and Dr Akbar

Prof. Dr. Suharto, dr., DTM&H., M.Sc., M.Pd.K., Sp.PD-KPTI., FINASIM is a great teacher who dedicates his life to education. He has extraordinary, creative, and innovative ideas due to his high interest in reading. Some of his favorite books include those that belong to education, research, medical, management, and leadership themes. He is currently holding several high-level positions in the faculty, making him a very important and busy person.

Prof. Dr. Usman Hadi, dr., Sp.PD-KPTI is the Division Head of the Tropical and Infection Department at RSUD dr Soetomo's Internal Medicine. He was once the Vice Director of RSUD dr Soetomo. His discipline, resoluteness, and passion as a leader and as a doctor have made him one of the Professors with the highest number of international publications at *Universitas Airlangga*. In his spare time, he loves doing sports such as cycling, badminton, or tennis.



Dr DwiYanti

DwiYanti P, dr., Sp.A (K), MCTM is a friendly and motherly pediatrician with a passion in research especially those related to infections. She is actively involved in many research on Dengue and HIV in children. Through research, she often travels to different cities across the world.

Endang Retnowati., dr., Sp.PK(K) is dedicated researcher who specializes in HIV infection. She is currently working as the Education Coordinator of Clinical Pathology Department at *Universitas Airlangga*.

Akbar Fahmi, dr is a humble man born in a small village of Bojonegoro, East Java. He has always wanted to become a researcher. He also wish that he could watch the Nobel Prize in Stockholm in person. One of his role models and idols is Thomas Alva Edison. Besides his congenital hobby of reading and asking questions, which many have fall victim to, he has been interested in creating websites, especially coding.

M. Helmi Aziz, dr is a friendly, young, and handsome doctor, who has got mixed blood of Arab, Bugis, Java, and Dutch. He has exceptional dedication towards the development and improvement of internal medicine science. His hobbies are traveling, doing sports, and modeling.

Sri Hariastuti is a senior Lab Technician at RSUD dr Soetomo and has been involved in many research activities in the Clinical Pathology Department. She is highly enthusiastic when it comes to research projects. Her hobby is cooking and her specialty is *Fuyunghai, Cap Cay, and Koloke*.

Agitha H is an energetic and cheerful woman, commonly known as Be. Have questions about CD4 Count? She may be the right person to go to as she has participated in many HIV research. Her hobby is traveling abroad.



From left to right: Ms Agitha, Dr Endang, Ms Sri Hariastuti

-AF/MH/DH-

Who am I?

Matching Game

Happy Independence Day, Indonesia. **MERDEKA!**

Are you confident about your history? Let's check our knowledge on Indonesian doctors who fought in the era of the colonization. Please email your answer to INA.Secretariat@s-3.com by Aug 28, 12 pm WIB for a chance to win a souvenir! Last month's quiz winner is dr Fatmawaty Ahmad from site 550. Congratulations!

A. Dr Hasan Sadikin

B. Dr Wahidin Sudirohusodo

C. Dr Kariadi

D. Dr Cipto Mangunkusumo

E. Dr Sardjito

F. Dr Julie Sulianti Saroso

1

I was a figure in *Indische Partij* and was known as "*Tiga Serangkai*" together with Douwes Dekker and Ki Hajar Dewantara.

2

People call me "Sul". I addressed the issue of birth control that was rejected by the former Vice President, Mohammad Hatta. In 1967, I was appointed as Director Prevention, Combating and Eradication of Communicable Disease in Department of Health.

3

I was the Head of Laboratory when I heard a rumor that Japanese was trying to poison the reservoir. It could kill a lot of people! But then they got me. This event caused a 5-day-battle in that area.

4

I was the best graduate of STOVIA in 1915 and the first *Presiden Universiteit* (Rector) of Gadjah Mada University.

5

I was the initiator of Budi Utomo organization. I was a STOVIA graduate and was really concerned on how to expand education, knowledge and developing patriotism within the people. A hospital in Makassar was named after me.

6

A hospital in Bandung was named after me, and I was the founder of Padiadarian University.

Best Wishes for INA101 team members celebrating their birthday in August:

2 Aug – Agus (NIHRD)

11 Aug – dr. Patricia Monica Tauran (RA Site 550)

11 Aug – Agnita Triyoga (Data Entry at NIHRD)

12 Aug – Prof. Dr. Suharto, SpPD, KPTI (SC Site 540)

12 Aug – Junediyono (NIHRD)

14 Aug – dr. Caleb Leonardo Halim (RA Site 530)

21 Aug – dr. Rizka Humardewyanti Asdie, Sp.PD-KPTI
(2nd Co-PI at Site 580)

21 Aug – dr Retna Mustika (Protocol Specialist, NIHRD)

26 Aug – dr Yenni Risniati (NIHRD)



Through this column, we would like to rectify our statement in the previous edition. It was written in last edition that on June 26, Prof. Dr. Tuti Merati, SpPD-KPTI's husband and father passed away when in fact it was her husband. We would like to offer our sincere apology to Prof. Dr. Tuti Merati, SpPD-KPTI for any inconvenience caused.

INA-RESPOND Newsletter

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