

**INA-RESPOND Secretariat**

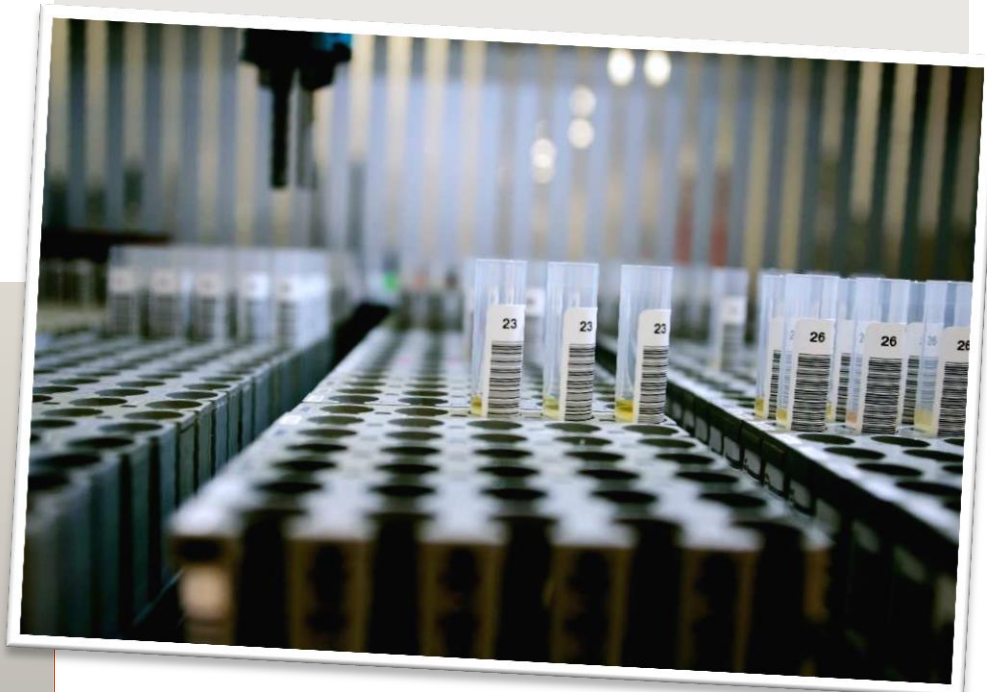
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# Newsletter February 2017



## In This Issue

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In the last couple of months, our network has been quite busy preparing for its study, TRIPOD. You can read information related to the study in this edition. Should you require more information or have some questions, you can contact us at the INA-RESPOND Secretariat, NIHRD, Jakarta.

## INA-RESPOND Reference Laboratory

When we conduct a health research, we often will have to talk about laboratories. For most people, laboratories are closely related to technologies, equipment, and buildings. Are they right? Or is there more than those when we talk about laboratories?

Besides technologies, equipment, and buildings, laboratories are people and systems that manage the processes and standards required to produce accurate and timely results. Successful implementation of new diagnostic tests will still require functional networks of laboratories with trained and motivated staff, quality management systems, and safe working environments.

The question is then, what about our INA-RESPOND network? Do we have the needed technologies, equipment, and buildings? And most importantly, how strong is our human resources? Read about it here.

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"It was a great read, except I collided with run-on sentences, tripped over broken English and got knocked about by a dangling participle."

## English Is Not My First Language. Full Stop.

For a person who does not speak English or write in English in daily life, using the language especially in terms of writing papers and scientific publication may be very challenging. So, does that mean it cannot be done? Find out here.

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# Save The Date

## Important Events & Meetings

15 February

Regional Election Day (Holiday)

6-10 March

NSC Meeting (date to be confirmed)



## February Birthday

2 Feb	dr. Indri Hapsari Putri	INA101 RA Site 560
3 Feb	dr. Gandhi Anandika Febryanto	INA101 RA Site 550
7 Feb	dr. Anandika Pawitri	INA-RESPOND Secretariat
17 Feb	Ms. Dwi Astuti Purwaningsih	Lab Tech Site 580
28 Feb	dr. Khie Chen	INA101 Site PI Site 530
28 Feb	dr. Achmad Harun	SEA050 RA Site 42

## Announcement

We are going to hold our first 2017 Network Steering Committee Meeting (NSC) in March. The meeting, which will be held for two days, is planned for March 6-10 (exact dates are to be determined). We will release the dates in our next newsletter edition, so stay tuned.

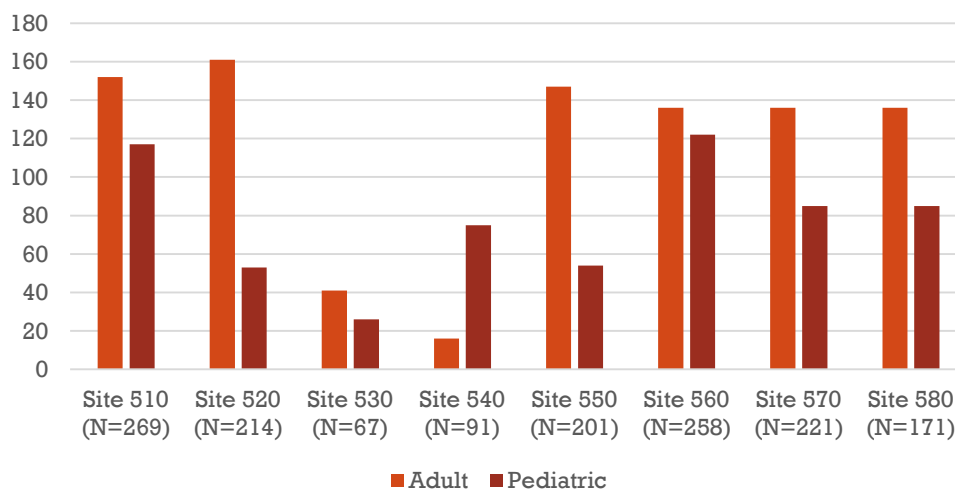


# INA-RESPOND Study Updates

By:  
dr. Nurhayati

## AFIRE Study (INA101) Updates

INA101 Total Enrollment at each sites



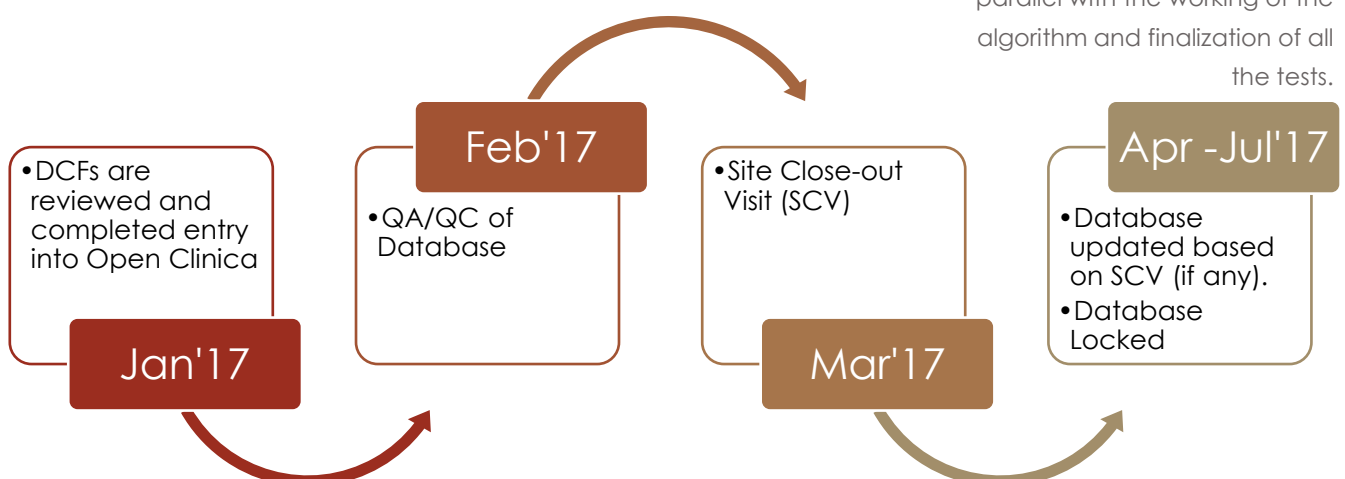
Site 510 – RSUP dr Hasan Sadikin, Bandung  
 Site 530 – RSUPN dr Cipto Mangunkusumo, Jakarta  
 Site 550 – RSUP dr Wahidin Sudirohusodo, Makassar  
 Site 570 – RSUD dr Soetomo, Surabaya

Site 520 – RSUP Sanglah, Denpasar  
 Site 540 – RSPI Prof Dr Sulianti Saroso, Jkt  
 Site 560 – RSUP dr Kariadi, Semarang  
 Site 580 – RSUP dr Sardjito, Yogyakarta

The enrollment period of this observational cohort study was completed in June 2016. A total of 1,492 subjects were enrolled (864 adults and 628 pediatrics). The detail enrollment at sites can be seen in the chart on the left.

Currently, the Data Management team is conducting the Database Quality Assurance (QA), and the Clinical Research Associate (CRA) team is preparing for Site Close-out Visit (SCV), which will be held in March 2017.

The writing of the final manuscript has started in parallel with the working of the algorithm and finalization of all the tests.



Detailed screening and enrollment progress is available in portal folder: Studies\INA101\Screening progress.pdf or go to the following link: <https://ina-respond.net/EdmFile/getfile/797233>  
 For further information about this study please go to: <http://www.ina-respond.net/afire-study/>



## **Tuberculosis Research of INA-RESPOND on Drug Resistance (Tripod) Update**

By:

dr. Retna Mustika Indah



**Dr. Erlina Burhan**  
PI @RS Persahabatan



**Dr. Ida Bagus Sutha**  
PI @RS Sanglah



**Dr. Banteng H. Wibisana**  
PI @RS Sanglah



**Dr. Pompini Agustina**  
PI @RS Prof. Sulianti Saroso



**Dr. Tutik Kusmiati**  
PI @RS Soetomo



**Dr. Bambang Sigit**  
PI @RS Sardjito



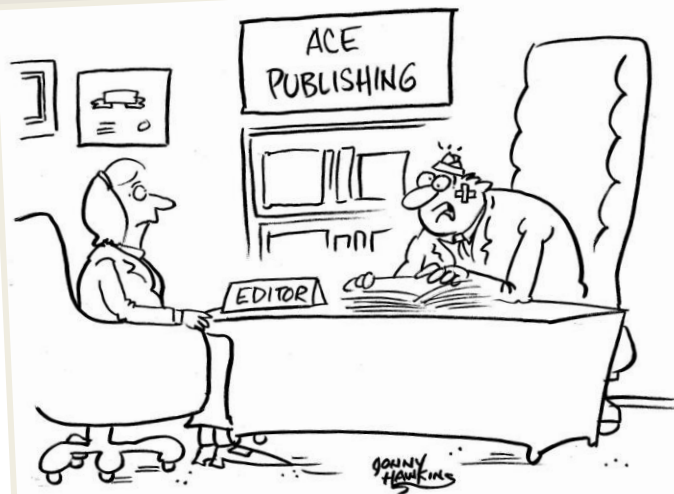
**Dr. Arto Yuwono**  
PI @RS Hasan Sadikin

After being postponed for two years, Tuberculosis Research of INA-RESPOND on Drug Resistance (TRIPOD) was activated on 26 January 2017, following the approval letter from the INA-RESPOND Governing Board: Dr. Siswanto, MHP., DTM. (National Institute of Health Research and Development, Ministry of Health, Republic of Indonesia) and Dr. H. Clifford Lane (National Institute of Allergy and Infectious Diseases, United States-National Institute of Health).

Seven hospitals are participating in this study; Sanglah Hospital, led by Dr. Ida Bagus Sutha, SpP(K), is the first TRIPOD site to be activated. 3 sites (Dr. Kariadi Hospital, Dr. Soetomo Hospital, and Dr. Sardjito Hospital) will soon follow after their site preparation checklists are completed. At the same time, INA-RESPOND Secretariat is also preparing site contracts for Persahabatan Hospital, Dr. Hasan Sadikin Hospital, and Prof. Sulianti Saroso Hospital.

TRIPOD addresses the issue on Multi Drug Resistant Tuberculosis (MDR-TB) that has been a public health concern in many high burdened TB countries. This study will reveal the proportion of MDR-TB from newly diagnosed TB cases as well as from those previously treated in 7 referral hospitals in Indonesia.

In the next two years, TRIPOD will enroll 1,357 participants and follow them up for up to two and a half years, according to their treatment group (newly diagnosed or previously treated). Since the study period can reach four and a half years, it is a challenge for the site team to maintain not only the participants but also the integrity and quality of the study. We hope that our network's study, TRIPOD, will successfully achieve all its objectives and provide substantial contributions to guide national policy makers and those responsible for the technical aspects of national TB response in accelerating efforts towards elimination.



**"It was a great read, except I collided with run-on sentences, tripped over broken English and got knocked about by a dangling participle."**

Have you recently looked in your drawer, cupboard, or dark room that nobody ever got into, and found that there are stacks of research papers/ reports/ thesis/ dissertations covered under some thick dust waiting in despair to be published? How many times have we cast aside the suggestion for us to write and submit our paper to an international journal by giving this excuse: "English is not my first language"?

It is true that some of us may have some limitations; one of them being not proficient to write academic/scientific article in English. However, our limitation should not restrict our credibility, ability, and responsibility to share the results of our studies to a bigger audience; to make changes and improvement following the objectives of the studies and our initial good intention.

So, how do we overcome the limitation? Here are some ideas that may help us.

The first thing is to find/have the courage and commitment to publish the results of our hard work and to not let the fact that English is not our first language stop us from moving forward. Look back and recall the reasons why we need to

publish our study's results and let them be our greatest motivation in moving forward.

Next, find a collaborator with lots of knowledge and experiences in publishing papers in international journal; and who is also an expert in our study field. The collaborator should be involved as a co-author of our paper – following the authorship criteria of International Committee of Medical Journal Editors (ICMJE). It is noteworthy to mention that a co-author does not have to be involved since the beginning of the study process, as long as he/she does have substantial contribution to the analysis or interpretation of data for the manuscript. This type of collaboration can usually create a better network in the future; which is really essential to developing the scope of our studies.

Another way is to write the manuscript in Bahasa Indonesia and then hire a professional translator (a background in health/science can be beneficial) to translate our draft. Reading a lot of related articles will also help to improve our ability to make concise and clear sentences. It is also common to write in English

## Comic Corner

### English Is Not My First Language. Full Stop.

By:  
dr. Aly Diana

and use the language editing services to transform the draft into a better, more concise, logical, and grammatically-correct English expository prose. Many journals offer this service to help authors, especially those whose first language is not English. Although the cost might be quite high and acceptance for publication in the journal is not guaranteed, it is still a very worthy step to be considered; especially for a beginner.

Nevertheless, please differentiate between the services of a professional translator or editor and the services of a ghost writer. The latter is mostly hired to produce the whole manuscript (and do most of the thinking), but then the results are officially credited to another person. While the legality of this action is still on debate, hiring/using a ghost writer is totally an unethical practice.

Again, the whole process is about how to improve ourselves and share our expertise to our students and/or other academicians. Let's aim that one day we will become an expert collaborator and can confidently say, "Yes, English is not my first Language, but I can use it well."

#### References:

ICMJE. 2017. Defining the Role of Authors and Contributors.  
<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

## REPORT:

# INA-RESPOND Reference Laboratory

By:

Mr. Ungke Anton Jaya



How important can laboratory testing results support clinicians to treat patients with infections? For cases with mild severity, clinicians practically do not demand for lab testing. However, to manage cases with severe symptoms such as sepsis, CNS infections, or severe respiratory infections, laboratory support is extremely vital, and clinicians really hope to have results readily available.

In infectious disease research setting, laboratory evidence is compulsory. It even requires the assays to meet several requirements such as the gold-standard for diagnosis of pathogen, or at minimum, are well-validated for their sensitivity and specificity.

"A one-stop service laboratory" represents an ideal laboratory that can do all tests for all infectious diseases; this is an ideal dream for all researchers and clinicians.

### How Did It Start?

Triggered by two INA-RESPOND

multi-centered studies, SEPSIS study and *Acute Febrile Illness Requiring Hospitalization* (AFIRE) study, that require laboratory testing for diagnosing infections, an agreement between INA-RESPOND network and Tangerang District Hospital to use the hospital's facilities was reached. The hospital allows INA-RESPOND Laboratory team to do testing using the facilities, equipment, and lab spaces that meet the qualifications of a biosafety level-2 laboratory, which were previously dedicated for avian influenza diagnosis.

Currently, more than 53 pathogens can be examined using molecular assay platform (PCR/RT-PCR); and for some pathogens, more than one assay is available to detect and to characterize (i.e genotype/serotype/strain identification).

In terms of pathogen coverage, the laboratory has developed wide range of assays to detect

viruses (PCR and serology ELISA and IFA assay); bacteria (culture, PCR, and serology); fungal (culture); and parasites (microscopy).

Pathogens that can be detected are the ones that often occur in Indonesia such as Dengue virus, Salmonella, Leptospira, and Chikungunya virus; as well as pathogens whose assays are rarely available such as Rickettsia, Hantavirus, Zika virus, Burkoderia; and various common pathogens causing respiratory, gastrointestinal, and CNS infections.

Fortunately, the reference laboratory is attached to the hospital's laboratory where some of the gold standard testing is available such as bacterial culture for blood, feces, and other sterile body fluid; acid fast stain; and assay for diagnosis of mycobacterium. This is indeed an advantage since the assays are complementary to one another.

## Findings

The SEPSIS and AFIRE studies have collected a great number of cases and various sample types in each case. Moreover, more multiple samples were collected (separated by time) during the progression of the disease. With all those cases and samples, various aspects of in-laboratory testing method for each pathogen can be validated. For example, detecting measles virus can be easily done using PMBC sample with high sensitivity and specificity. PCR testing for *Leptospira* and *rickettsia* also have comparable sensitivity in PBMC or plasma/serum. Detecting *leptospira* in urine specimen or dengue in feces sample is also interesting and worth further investigation.

Actually, several commercial serology kits for certain pathogen with unknown incidence rate in Indonesia such as *Rickettsia* diseases, *Leptospira*, and *Influenza*

are available in the market. However, many of these kits have not been validated. During the effort to diagnosis the etiology of the febrile cases, we had done validation for several commercial kits that are potential for routine diagnosis of the diseases. These are IgM and IgG test kit for the diagnosis of Influenza A virus, Influenza B virus, *Leptospira*, *Thyphus* group, Spotted Fever Group, and Scrub *Thyphus* Group of *Rickettsia*.

## Quo Vadis, INA-RESPOND Reference Lab?

The current capacity building in the reference lab will continue to develop. More assays will be established to mainly support laboratory component of INA-RESPOND study. INA-RESPOND reference Lab unit plans to establish goal standard assay for virology such as virus isolation, and neutralization assay, and immunological study involving in vitro assay and advance next generation sequencing platform

that are significant for in depth analysis of AFIRE samples and INA-RESPOND future studies (TB/HIV and respiratory infection.)

Will the lab be solely used for INA-RESPOND studies purposes? Definitely not. The established assays are targeted to be disseminated to researchers within and out of the INA-RESPOND network. The facilities are accessible for other researchers under research collaboration scheme to gain the optimal benefits of the facilities.

The future of INA-RESPOND reference laboratory is indeed to be one of the reference laboratories for diagnosis of infectious diseases in Indonesia and in the region.

## INA-RESPOND Newsletter

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