

EPIDEMIOLOGI KASUS GIGITAN ULAR DI INDONESIA

dr.Dewi Yuniasih,MSc

Dipresentasikan tanggal 13 September 2023
 Dalam Acara
 ORIENTASI PENCEGAHAN DAN PENGENDALIAN PENYAKIT AKIBAT GIGITAN HEWAN BERBISA DAN TANAMAN BERACUN (PAGHB & TB) BOGOR, 12 - 15 SEPTEMBER 2023

Latar Belakang

World Health Organization menggolongkan kasus gigitan ular ke dalam dalam **Neglected Tropical Disease** atau penyakit tropis yang terabaikan. (Chippaux, 2017)

Gigitan ular merupakan masalah kesehatan masyarakat yang signifikan di banyak daerah tropis dan subtropic (Kasturiratne,2008; Longbottom J, 2018), termasuk Indonesia.

Keanekaragaman hayati negara yang luas, dengan beragam spesies ular berbisa, berkontribusi terhadap tingginya insiden gigitan ular dan menimbulkan tantangan signifikan dalam pengelolaan gigitan ular.

Memahami beban gigitan ular dan faktor risiko terkait sangat penting untuk merancang strategi pencegahan yang efektif dan meningkatkan intervensi perawatan kesehatan

FAKTOR RISIKO

Indonesia merupakan negara **agraris** beriklim tropis yang sebagian besar penduduknya berprofesi sebagai petani dan bekerja di ladang ataupun perkebunan.

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            graph TD
            A[Negara Agraris] --> B[Mayoritas Petani & Pekerja Ladang]
            B --> C[Iklim Tropis]
            C --> D[Musim Kemarau & Hujan]
            D --> E[Habitat Ular]
            E --> F[Meningkatkan Faktor Risiko]
            
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Jenis Ular

Ular berbisa di Asia Tenggara

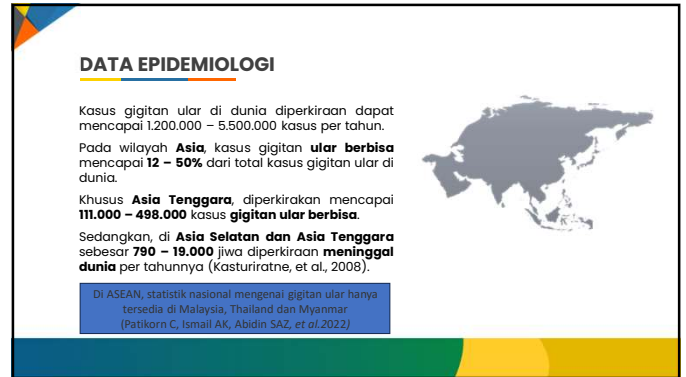
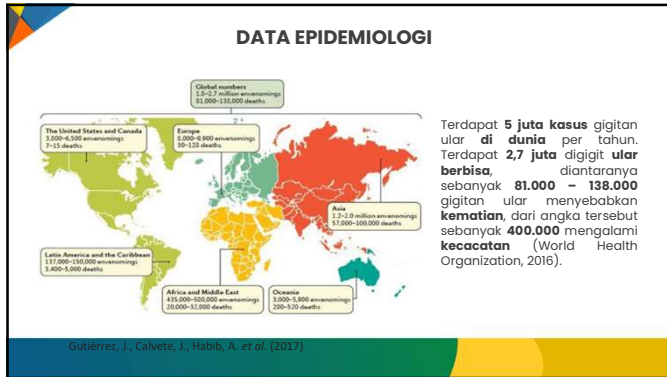
WHO telah mengklasifikasikan ular berbisa yang memiliki dampak medis yang signifikan di wilayah Asia Tenggara, di mana terdapat tiga famili ular berbisa, yaitu *Elapidae*, *Viperidae*, dan *Colubridae*.

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            graph TD
            Root[Di Indonesia] --> West[West of the Wallace line  
Sumatra, Java, Bali, Sulawesi and part of the Sunda Islands]
            Root --> East[East of the Wallace line  
Irian Jaya and Maluku]
            West --> W_Cat1[Category 1]
            West --> W_Cat2[Category 2]
            East --> E_Cat1[Category 1]
            East --> E_Cat2[Category 2]
            
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77 Jenis berbisa
 Elapidae: 55 jenis, Viperidae: 21 jenis, dan Colubridae: 1 jenis, (BRIN, 2022)

World Health Organization (2016) "Guidelines for the Management of Snakebites", WHO Library cataloguing-in-publication data. doi: 10.1097/00004311-196907040-00017.

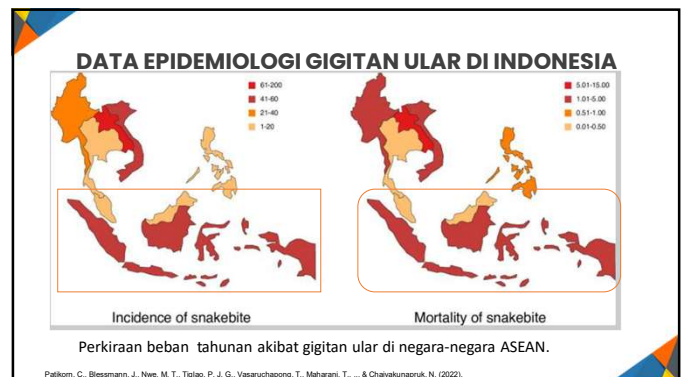


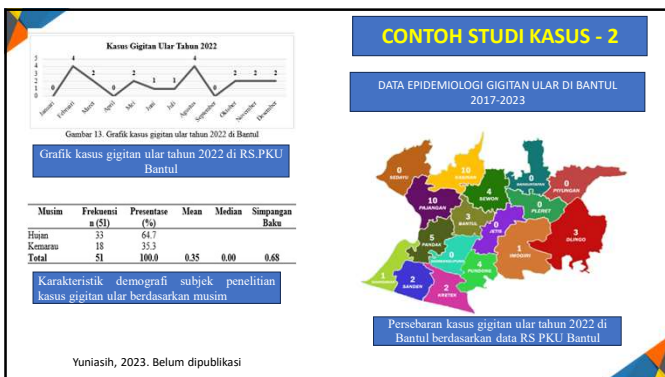
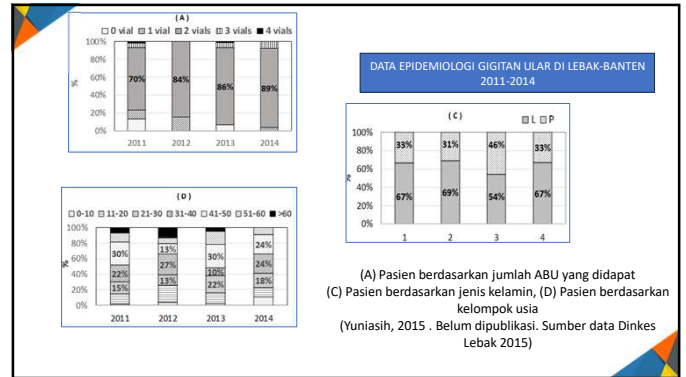
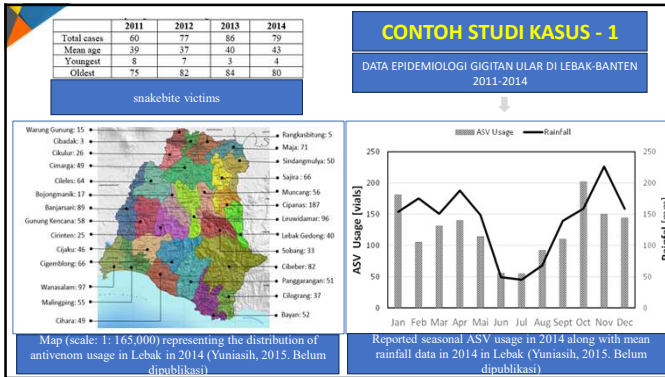
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	Snakebite victims, n	Antivenom indicated victims, n	Deaths, n	Amputations, n	YLLs	YLDs	DALYs	DALYs per 100,000 population
Malaysia ¹	3,412 (3,303-3,533)	481 (254-767)	2 (0-6)	0	50 (0-151)	1.4 (0.6-2.5)	52 (1-152)	0.2 (0.003-0.5)
Thailand ²	8,715 (8,525-8,906)	5,166 (3,766-6,482)	4 (2-7)	2 (0-7)	102 (51-178)	8 (4-14)	110 (57-185)	0.2 (0.1-0.3)
Indonesia ³	135,000 (134,297-135,689)	49,632 (34,229-65,496)	10,547 (5,012-22,563)	799 (355-1,426)	262,302 (124,650-561,145)	586 (246-1,120)	262,888 (125,252-562,144)	97 (46-208)
Philippines ⁴	13,377 (11,452-15,772)	1,755 (1,457-2,127)	550 (274-1,099)	12 (6-16)	13,311 (6,624-26,641)	7 (4-11)	13,320 (6,632-26,649)	12 (6-25)
Vietnam ⁵	46,745 (17,500-91,013)	41,236 (15,290-80,701)	1,655 (490-4,440)	0	40,136 (11,869-107,679)	114 (38-258)	40,250 (11,931-107,876)	42 (12-112)
Lao PDR ⁶	14,339 (14,111-14,571)	3,029 (2,917-3,130)	1,007 (510-2,009)	141 (22-348)	24,468 (12,420-48,837)	61 (10-189)	24,532 (12,462-48,880)	342 (174-682)

¹ Input parameters were based on national statistics and published literature
² Input parameters were based on published literature and anecdotal evidence
³ Input parameters were based on anecdotal evidence

Patikom, C., Blesmann, J., Nwe, M. T., Tjilao, P. J. G., Vasaruchapong, T., Maharani, T., ... & Chaiyakunapruk, N. (2022).





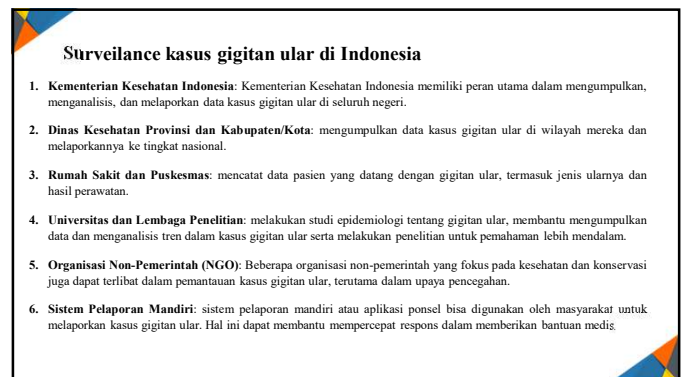
Masalah Kita

Indonesia belum memiliki sistem pelaporan kasus gigitan ular yang akurat secara nasional


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DATA EPIDEMIOLOGI GIGITAN ULAR DI INDONESIA BELUM AKURAT

Tambahan: Belum banyak publikasi nasional maupun internasional terkait gigitan ular



Lesson learned

 Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or otherwise by the media or educational institutions.

Descriptive analysis of Snakebite surveillance data in North Bank West Region, The Gambia, 2017 – 2021

Modou K.O. Njie (✉ mnjie1299@gmail.com)
Ministry of Health and Social Welfare

Abou Kabbeh
Ministry of Health and Social Welfare

Modou Lamin Fofana
Ministry of Health and Social Welfare

Peter Adewaji
African Field Epidemiology Network

Chukwuma David Uruekonkwo
African Field Epidemiology Network

Recommendations

1. The Ministry of Health should include more variables (bite site, occupation, etc) in health facility registers and DHS2 to allow for more accurate data analysis for planning and intervention
2. Regional Health Directorate should analyze data on the incidence, morbidity, and mortality of this neglected health problem and later shared to health facilities as feedback
3. The health facility staff should ensure passive surveillance, required reporting, and weekly follow-up are conducted to determine the scope of the problem in their catchment area
4. The health facility staff should regularly conduct health promotion and education activities in the communities to reduce risk factors related to snakebite as well as the preventive measures

TERIMAKASIH