DAFTAR PUSTAKA

Ahmad, S. (2011). Pathogenesis, immunology, and diagnosis of latent mycobacterium tuberculosis infection. *Clinical and Developmental Immunology*, 814943. https://doi.org/10.1155/2011/814943

Ajawatanawong, P., Yanai, H., Smittipat, N., Disratthakit, A., Yamada, N., Miyahara, R., … Palittapongarnpim, P. (2019). A novel Ancestral Beijing sublineage of Mycobacterium tuberculosis suggests the transition site to Modern Beijing sublineages. *Scientific Reports*, *9*(1), 1–12. https://doi.org/10.1038/s41598-019-50078-3

Alene, K. A., Viney, K., Gray, D. J., McBryde, E. S., Wagnew, M., & Clements, A. C. A. (2019). Mapping tuberculosis treatment outcomes in Ethiopia. *BMC Infectious Diseases*, *19*(1), 1–11. https://doi.org/10.1186/s12879-019-4099-8

Ali, M. K., Karanja, S., & Karama, M. (2017). Factors associated with tuberculosis treatment outcomes among tuberculosis patients attending tuberculosis treatment centres in 2016-2017 in Mogadishu, Somalia. *Pan African Medical Journal*, *28*, 1–14. https://doi.org/10.11604/pamj.2017.28.197.13439

Ali, S. A., Mavundla, T. R., Fantu, R., & Awoke, T. (2016). Outcomes of TB treatment in HIV co-infected TB patients in Ethiopia: A cross-sectional analytic study. *BMC Infectious Diseases*, *16*(1), 1–9. https://doi.org/10.1186/s12879-016-1967-3

American Diabetes Association. (2014). Diagnosis and classification of diabetes mellitus. *Diabetes Care*, *37*(SUPPL.1), 81–90. https://doi.org/10.2337/dc14-S081

Amin, Z., & Bahar, A. (2014). Tuberkulosis Paru. In *Ilmu Penyakit Dalam* (pp. 998–1003). Jakarta: Pusat Pendidikan Departemen Ilmu Penyakit Dalam. Fakultas Kedokteran Universitas Indonesia.

Barik, A. L., Indarwati, R., & Sulistiawati, S. (2020). the Role of Social Support on Treatment Adherence in Tb Patients: a Systematic Review. *Nurse and Health: Jurnal Keperawatan*, *9*(2), 201–210. https://doi.org/10.36720/nhjk.v9i2.186

Belo MT, Luiz RR, H. C. et al. (2010). Tuberculosis and gender in a pri ority city in the state of Rio de Janeiro, Brazil. *J Bras Pneumol*, *36*, 621–625.

Bhatt, A., Fujiwara, N., Bhatt, K., Gurcha, S. S., Kremer, L., Chen, B., … Jacobs, W. R. (2007). Deletion of kasB in Mycobacterium tuberculosis causes loss of acid-fastness and subclinical latent tuberculosis in immunocompetent mice. *Proceedings of the National Academy of Sciences*, *104*(12), 5157–5162. https://doi.org/10.1073/pnas.0608654104

Buu, T. N., Huyen, M. N., Lan, N. T. N., Quy, H. T., Hen, N. V., Zignol, M., … Van Soolingen, D. (2009). The Beijing genotype is associated with young age and multidrug-resistant tuberculosis in rural Vietnam.

International Journal of Tuberculosis and Lung Disease, *13*(7), 900–906.

Buu, Tran N., Huyen, M. N. T., Van Soolingen, D., Lan, N. T. N., Quy, H. T., Tiemersma, E. W., … Cobelens, F. G. J. (2010). The Mycobacterium tuberculosis Beijing genotype does not affect tuberculosis treatment failure in Vietnam. *Clinical Infectious Diseases*, *51*(8), 879–886. https://doi.org/10.1086/656410

Caetano Mota, P., Carvalho, A., Valente, I., Braga, R., & Duarte, R. (2012). Preditores de conversão tardia dos exames micobacteriológicos direto e cultural de expetoração numa população portuguesa com tuberculose pulmonary. *Revista Portuguesa de Pneumologia*, *18*(2), 72–79. https://doi.org/10.1016/j.rppneu.2011.12.005

CDC. (2017). TB genotyping. Retrieved from https://www.cdc.gov/tb/programs /genotyping- /default.htm

Cegielski, J. P., & McMurray, D. N. (2004). The relationship between malnutrition and tuberculosis: Evidence from studies in humans and experimental animals. *International Journal of Tuberculosis and Lung Disease*, *8*(3), 286–298.

Chang, J. T., Dou, H. Y., Yen, C. L., Wu, Y. H., Huang, R. M., Lin, H. J., … Shieh, C. C. (2011). Effect of type 2 diabetes mellitus on the clinical severity and treatment outcome in patients with pulmonary tuberculosis: A potential role in the emergence of multidrug-resistance. *Journal of the Formosan Medical Association*, *110*(6), 372–381. https://doi.org/10.1016/S0929-6646(11)60055-7

Charoensakulchai, S., Lertpheantum, C., Aksornpusitpong, C., Trakulsuk, P., Sakboonyarat, B., Rangsin, R., … Piyaraj, P. (2021). Six-year trend and risk factors of unsuccessful pulmonary tuberculosis treatment outcomes in Thai Community Hospital. *BMC Research Notes*, *14*(1), 1–8. https://doi.org/10.1186/s13104-021-05504-z

Chatterjee, A., D'Souza, D., Vira, T., Bamne, A., Ambe, G. T., Nicol, M. P., … Mistry, N. (2010). Strains of Mycobacterium tuberculosis from Western Maharashtra, India, exhibit a high degree of diversity and strain-specific associations with drug resistance, cavitary disease, and treatment failure. *Journal of Clinical Microbiology*, *48*(10), 3593–3599. https://doi.org/10.1128/JCM.00430-10

Chen, L., Pang, Y., Ma, L., Yang, H., Ru, H., Yang, X., … Xu, L. (2017). First Insight into the Molecular Epidemiology of Mycobacterium tuberculosis Isolates from the Minority Enclaves of Southwestern China. *BioMed Research International*, *2017*. https://doi.org/10.1155/2017/2505172

Chen, X., Du, L., Wu, R., Xu, J., Ji, H., Zhang, Y., … Zhou, L. (2020). *The effects of family, society and national policy support on treatment adherence among newly diagnosed tuberculosis patients: a cross-sectional study*. 1–11. https://doi.org/10.21203/rs.3.rs-25273/v1

Choi, R., Jeong, B. H., Koh, W. J., & Lee, S. Y. (2017). Recommendations

for optimizing tuberculosis treatment: Therapeutic drug monitoring, pharmacogenetics, and nutritional status considerations. *Annals of Laboratory Medicine*, *37*(2), 97–107. https://doi.org/10.3343/alm.2017.37.2.97

Christianson, S., Wolfe, J., Orr, P., Karlowsky, J., Levett, P. N., Horsman, G. B., … Sharma, M. K. (2010). Evaluation of 24 locus MIRU-VNTR genotyping of Mycobacterium tuberculosis isolates in Canada. *Tuberculosis*, *90*(1), 31–38. https://doi.org/10.1016/j.tube.2009.12.003

Coll, F., McNerney, R., Guerra-Assunção, J. A., Glynn, J. R., Perdigão, J., Viveiros, M., … Clark, T. G. (2014). A robust SNP barcode for typing Mycobacterium tuberculosis complex strains. *Nature Communications*, *5*, 4–8. https://doi.org/10.1038/ncomms5812

Cook, G. M., Berney, M., Gebhard, S., Heinemann, M., Cox, R. A., Danilchanka, O., & Niederweis, M. (2009). Physiology of Mycobacteria. *Advances in Microbial Physiology*, *55*(09), 81–319. https://doi.org/10.1016/S0065-2911(09)05502-7

Couvin, D., & Rastogi, N. (2015). Tuberculosis - A global emergency: Tools and methods to monitor, understand, and control the epidemic with specific example of the Beijing lineage. *Tuberculosis*, *95*(S1), S177–S189. https://doi.org/10.1016/j.tube.2015.02.023

De Jong, B. C., Hill, P. C., Aiken, A., Awine, T., Antonio, M., Adetifa, I. M., … Adegbola, R. A. (2008). Progression to active tuberculosis, but not transmission, varies by Mycobacterium tuberculosis lineage in the Gambia. *Journal of Infectious Diseases*, *198*(7), 1037–1043. https://doi.org/10.1086/591504

Denny A, Devita Y, I. G. (2016). *Hematologi : Bidang Keahlian Kesehatan*. Jakarta: Buku Kedokteran EGC.

Dheda, K., Schwander, S. K., Zhu, B., van Zyl-smit, R. N., & Zhang, Y. (2010). The immunology of tuberculosis : From bench to bedside. *Journal of the Asian Pasific Society of Respirology*, *15*, 433–450. https://doi.org/10.1111/j.1440-1843.2010.01739.x

Dinas Kesehatan Provinsi Sulawesi Selatan. (2020). *Profil kesehatan sulawesi selatan*.

Dormans, J., Burger, M., Aguilar, D., Hernandez-Pando, R., Kremer, K., Roholl, P., … Van Soolingen, D. (2004). Correlation of virulence, lung pathology, bacterial load and delayed type hypersensitivity responses after infection with different Mycobacterium tuberculosis genotypes in a BALB/c mouse model. *Clinical and Experimental Immunology*, *137*(3), 460–468. https://doi.org/10.1111/j.1365-2249.2004.02551.x

Dos Santos, F. L., Souza, L. L. L., Bruce, A. T. I., De Almeida Crispim, J., Arroyo, L. H., Ramos, A. C. V., … Arcêncio, R. A. (2021). Patients' perceptions regarding multidrugresistant tuberculosis and barriers to seeking care in a priority city in Brazil during COVID-19 pandemic: A qualitative study. *PLoS ONE*, *16*(4 April), 1–19. https://doi.org/10.1371/journal.pone.0249822

Dou, H. Y., Tseng, F. C., Lin, C. W., Chang, J. R., Sun, J. R., Tsai, W. S.,

… Lu, J. J. (2008). Molecular epidemiology and evolutionary genetics of Mycobacterium tuberculosis in Taipei. *BMC Infectious Diseases*, *8*, 1–12. https://doi.org/10.1186/1471-2334-8-170

Duarte, T. A., Nery, J. S., Boechat, N., Pereira, S. M., Simonsen, V., Oliveira, M., … Barbosa, T. (2017). A systematic review of East African-Indian family of Mycobacterium tuberculosis in Brazil. *Brazilian Journal of Infectious Diseases*, *21*(3), 317–324. https://doi.org/10.1016/j.bjid.2017.01.005

Dubiley, S., Kirillov, E., Ignatova, A., Stepanshina, V., & Shemyakin, I. (2007). Molecular characteristics of the Mycobacterium tuberculosis LAM-RUS family prevalent in central Russia. *Journal of Clinical Microbiology*, *45*(12), 4036–4038. https://doi.org/10.1128/JCM.01217-07

Elghetany M, B. K. (2011). *Erythrocytic disorders* (22nd ed.). China: W.B. Saunders Company.

Fadlaini, S., & Yanifitri, D. dkk. (2017). Pengaruh Anemia Terhadap Kegagalan Konversi Sputum Pada Penderita Tuberkulosis Paru Kasus Baru Yang Menjalani Pengobatan Fase Intensif di Instalasi PTT RSUDZA Banda Aceh. *Jurnal Ilmiah Mahasiswa Kedokteran Medisia*, *2*(2), 24–28.

Fang, X. H., Shen, H. H., Hu, W. Q., Xu, Q. Q., Jun, L., Zhang, Z. P., … Wu, G. C. (2019). Prevalence of and factors influencing anti-tuberculosis treatment non-adherence among patients with pulmonary tuberculosis: A cross-sectional study in Anhui Province, Eastern China. *Medical Science Monitor*, *25*, 1928–1935. https://doi.org/10.12659/MSM.913510

Feng, J. Y., Huang, S. F., Ting, W. Y., Chen, Y. C., Lin, Y. Y., Huang, R. M., … Su, W. J. (2012). Gender differences in treatment outcomes of tuberculosis patients in Taiwan: A prospective observational study. *Clinical Microbiology and Infection*, *18*(9). https://doi.org/10.1111/j.1469-0691.2012.03931.x

Forhad, M., & Rizwan, F. (2014). A Cross-sectional Study of Morphological Types of Anemia in Pulmonary Tuberculosis Patient and Associated Risk Indicators in a Selected Hospital of Dhaka City, Bangladesh. *International Journal of Chemical, Environmental & Biological Sciences*, *2*(4). Retrieved from https://www.researchgate.net/publication/271217552

Fursov, M. V., Shitikov, E. A., Lagutkin, D. A., Fursova, A. D., Ganina, E. A., Kombarova, T. I., … Dyatlov, I. A. (2021). Mdr and pre-xdr clinical mycobacterium tuberculosis beijing strains: Assessment of virulence and host cytokine response in mice infectious model. *Microorganisms*, *9*(8). https://doi.org/10.3390/microorganisms9081792

Futosi, K., Fodor, S., & Mócsai, A. (2013). Reprint of Neutrophil cell surface receptors and their intracellular signal transduction pathways. *International Immunopharmacology*, *17*(4), 1185–1197. https://doi.org/10.1016/j.intimp.2013.11.010

Golesi, F., Brignatz, J., Bellenfant, M., Raoult, D., & Drancourt, M. (2013). Mycobacterium tuberculosis Beijing outbreak in a school in Marseille, France, 2012. *Eurosurveillance*, *18*(2), 1–2. https://doi.org/10.2807/ese.18.02.20354-en

Guerra-Assuncąõ, J. A., Houben, R. M. G. J., Crampin, A. C., Mzembe, T., Mallard, K., Coll, F., … Glynn, J. R. (2015). Recurrence due to relapse or reinfection with mycobacterium tuberculosis: A whole-genome sequencing approach in a large, population-based cohort with a high HIV infection prevalence and active follow-up. *Journal of Infectious Diseases*, *211*(7), 1154–1163. https://doi.org/10.1093/infdis/jiu574

Halim H, Rasyid A, A. Z. (2006). Evaluation of four years hospital implementation of DOTS strategy (1998–2002). *Acta Med Indones*, *38*(3), 130–134.

Han, S. J., Song, T., Cho, Y. J., Kim, J. S., Choi, S. Y., Bang, H. E., … Shin, S. J. (2015). Complete genome sequence of Mycobacterium tuberculosis K from a Korean high school outbreak, belonging to the Beijing family. *Standards in Genomic Sciences*, *10*(1), 1–8. https://doi.org/10.1186/s40793-015-0071-4

Hanekom, M., Gey Van Pittius, N. C., McEvoy, C., Victor, T. C., Van Helden, P. D., & Warren, R. M. (2011). Mycobacterium tuberculosis Beijing genotype: A template for success. *Tuberculosis*, *91*(6), 510–523. https://doi.org/10.1016/j.tube.2011.07.005

Hang, N. T. L., Maeda, S., Keicho, N., Thuong, P. H., & Endo, H. (2015). Sublineages of Mycobacterium tuberculosis Beijing genotype strains and unfavorable outcomes of anti-tuberculosis treatment. *Tuberculosis*, *95*(3), 336–342. https://doi.org/10.1016/j.tube.2015.02.040

Hartina, A. (2018). Analisis perbedaan hasil pemeriksaan suspek TB Paru dengan Genexpert dan mikroskopis. Universitas Muhammadiyah Semarang.

Hasan, R., Jabeen, K., Ali, A., Rafi, Y., Laiq, R., Malik, B., … Hasan, Z. (2013). S-80 Extensively Drug-Resistant Tuberculosis , Pakistan The Study: S-81. *Journal of the Pakistan Medical Assosiation*, *16*(9), 80–82.

Haschek, W., Rousseaux, C., & Wallig, M. (2010). *Respiratory System, In: Fundamentals of Toxicologic Pathology 2nd Edn*. https://doi.org/doi: 10.1016/B978-0-12-370469-6.00006-4

Hijikata, M., Keicho, N., Duc, L. Van, Maeda, S., Hang, N. T. Le, Matsushita, I., & Kato, S. (2017). Spoligotyping and whole-genome sequencing analysis of lineage 1 strains of Mycobacterium tuberculosis in Da Nang, Vietnam. *PLoS ONE*, *12*(10), 1–13. https://doi.org/10.1371/journal.pone.0186800

Holt, K. E., McAdam, P., Thai, P. V. K., Thuong, N. T. T., Ha, D. T. M., Lan, N. N., … Dunstan, S. J. (2018). Frequent transmission of the Mycobacterium tuberculosis Beijing lineage and positive selection for the EsxW Beijing variant in Vietnam. *Nature Genetics*, *50*(6), 849–

856. https://doi.org/10.1038/s41588-018-0117-9

Hou, J., Pang, Y., Yang, X., Chen, T., Yang, H., Yang, R., … Xu, L. (2020). Outbreak of Mycobacterium tuberculosis Beijing Strain in a High School in Yunnan, China. *American Journal of Tropical Medicine and Hygiene*, *102*(4), 728–730. https://doi.org/10.4269/ajtmh.19-0533

Huet, G., Constant, P., Malaga, W., Lanéele, M. A., Kremer, K., van Soolingen, D., … Guilhot, C. (2009). A lipid profile typifies the Beijing strains of Mycobacterium tuberculosis. Identification of a mutation responsible for a modification of the structures of phthiocerol dimycocerosates and phenolic glycolipids. *Journal of Biological Chemistry*, *284*(40), 27101–27113. https://doi.org/10.1074/jbc.M109.041939

Isanaka, S., Mugusi, F., Urassa, W., Willett, W. C., Bosch, R. J., Villamor, E., … Fawzi, W. W. (2012). Iron deficiency and anemia predict mortality in patients with tuberculosis. *Journal of Nutrition*, *142*(2), 350–357. https://doi.org/10.3945/jn.111.144287

Ismail, F., Couvin, D., Farakhin, I., Rahman, Z. A., Rastogi, N., & Suraiya, S. (2014). Study of Mycobacterium tuberculosis complex genotypic diversity in Malaysia reveals a predominance of ancestral East-African-Indian lineage with a Malaysia-specific signature. *PLoS ONE*, *9*(12), 1–19. https://doi.org/10.1371/journal.pone.0114832

Iwamoto, T., Grandjean, L., Arikawa, K., Nakanishi, N., Caviedes, L., Coronel, J., … Gilman, R. H. (2012). Genetic Diversity and Transmission Characteristics of Beijing Family Strains of Mycobacterium tuberculosis in Peru. *PLoS ONE*, *7*(11). https://doi.org/10.1371/journal.pone.0049651

Iwamoto, T., Yoshida, S., Suzuki, K., Tomita, M., Fujiyama, R., Tanaka, N., … Ito, M. (2007). Hypervariable loci that enhance the discriminatory ability of newly proposed 15-loci and 24-loci variable-number tandem repeat typing method on Mycobacterium tuberculosis strains predominated by the Beijing family. *FEMS Microbiology Letters*, *270*(1), 67–74. https://doi.org/10.1111/j.1574-6968.2007.00658.x

Jaber, A. A. S., Khan, A. H., & Sulaiman, S. A. S. (2017). Evaluating treatment outcomes and durations among cases of smear-positive pulmonary tuberculosis in Yemen: A prospective follow-up study. *Journal of Pharmaceutical Policy and Practice*, *10*(1), 1–10. https://doi.org/10.1186/s40545-017-0124-8

Jain, V. K., Iyengar, K. P., Samy, D. A., & Vaishya, R. (2020). Tuberculosis in the era of COVID-19 in India. *Diabetes and Metabolic Syndrome: Clinical Research and Reviews*, *14*(5), 1439–1443. https://doi.org/10.1016/j.dsx.2020.07.034

Jawetz, M. & A. (2013). *Mikrobiologi Kedokteran* (25th ed.). Jakarta: Salemba.

Jeon, C. Y., & Murray, M. B. (2008). Diabetes mellitus increases the risk of active tuberculosis: A systematic review of 13 observational studies.

PLoS Medicine, *5*(7), 1091–1101. https://doi.org/10.1371/journal.pmed.0050152

Kaona, F. A. D., Tuba, M., Siziya, S., & Sikaona, L. (2004). An assessment of factors contributing to treatment adherence and knowledge of TB transmission among patients on TB treatment. *BMC Public Health*, *4*, 1–8. https://doi.org/10.1186/1471-2458-4-68

Kato-Maeda, M., Rhee, J. T., Gingeras, T. R., Salamon, H., Drenkow, J., Smittipat, N., & Small, P. M. (2001). Comparing genomes within the species Mycobacterium tuberculosis. *Genome Research*, *11*(4), 547–554. https://doi.org/10.1101/gr.166401

Kaulagekar-Nagarkar A, Dhake D, J. P. (2012). Perspective of tuberculosis patients on family support and care in rural Maharashtra. *Indian J Tuberc*, *59*(4), 224–230.

Kawai, K., Villamor, E., Mugusi, F. M., Saathoff, E., Urassa, W., Bosch, R. J., … Fawzi, W. W. (2011). Predictors of change in nutritional and hemoglobin status among adults treated for tuberculosis in Tanzania. *International Journal of Tuberculosis and Lung Disease*, *15*(10), 1380–1389. https://doi.org/10.5588/ijtld.10.0784

Kementerian Kesehatan RI. (2014). *Pedoman nasional penanggulangan tuberkulosis*. Jakarta.

Kementerian Kesehatan RI. (2021). Profil Kesehatan Indonesia 2020. In *Kementrian Kesehatan Republik Indonesia*. Retrieved from https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-Indonesia-Tahun-2020.pdf

Kementerian Kesehatan RI Badan Penelitian dan Pengembangan. (2019). Laporan Provinsi Sulawesi Selatan Riskesdas 2018. In *Badan Penelitian Dan Pengembangan Kesehatan* (Vol. 110). Retrieved from http://ejournal2.litbang.kemkes.go.id/index.php/lpb/article/view/3658

Kleinnijenhuis, J., Oosting, M., Joosten, L. A. B., Netea, M. G., & Van Crevel, R. (2011). Innate immune recognition of mycobacterium tuberculosis. *Clinical and Developmental Immunology*, *2011*. https://doi.org/10.1155/2011/405310

Kong, Y., Cave, M. D., Zhang, L., Foxman, B., Marrs, C. F., Bates, J. H., & Yang, Z. H. (2007). Association between Mycobacterium tuberculosis Beijing/W lineage strain infection and extrathoracic tuberculosis: Insights from epidemiologic and clinical characterization of the three principal genetic groups of M. tuberculosis clinical isolates. *Journal of Clinical Microbiology*, *45*(2), 409–414. https://doi.org/10.1128/JCM.01459-06

Konstantynovska, O., Rekrotchuk, M., Hrek, I., Rohozhyn, A., Rudova, N., Poteiko, P., … Solodiankin, O. (2019). Severe clinical outcomes of tuberculosis in kharkiv region, ukraine, are associated with beijing strains of mycobacterium tuberculosis. *Pathogens*, *8*(2), 1–10. https://doi.org/10.3390/pathogens8020075

Kouismi, H., Hammi, S., Bouti, K., Rhanim, A., El Ataouna, K., Razine, R., & Bourkadi, J. E. (2015). Pulmonary Tuberculosis and Diabetes

Mellitus Profile. *International Journal of Medicine and Surgery*, *2*(1), 11–15. https://doi.org/10.15342/ijms.v2i1.68

Kroon, E. E., Coussens, A. K., Kinnear, C., Orlova, M., Möller, M., Seeger, A., … Schurr, E. (2018). Neutrophils: Innate effectors of TB resistance? *Frontiers in Immunology*, *9*(NOV), 1–12. https://doi.org/10.3389/fimmu.2018.02637

Li, H., Ji, Y., & Chen, T. (2014). The roles of different sources of social support on emotional well-being among Chinese elderly. *PLoS ONE*, *9*(3), 1–8. https://doi.org/10.1371/journal.pone.0090051

Lisdawati, V., Parwati, I., & Sudarmono, P. (2010). Studi Pemetaan Awal DNA Mycobacterium tuberculosis Complex Secara Spoligotyping Pada Hasil Isolasi Dahak Pasien Tuberkulosis Paru Dari 10 Ibu Kota Propinsi (Bagian I). *Buletin Penelitian Kesehatan*, *38*(4), 169–185.

Liu, Q., Wang, D., Martinez, L., Lu, P., Zhu, L., Lu, W., & Wang, J. (2020). Mycobacterium tuberculosis Beijing genotype strains and unfavourable treatment outcomes: a systematic review and meta-analysis. *Clinical Microbiology and Infection*, *26*(2), 180–188. https://doi.org/10.1016/j.cmi.2019.07.016

Ljubiae, S., Balachandran, A., Pavliæ-Renar, I., & Barada, A. (2004). Pulmonary infections in diabetes mellitus. *Diabetologia Croatica*, *33*(4), 115–124.

Luiz, R. dos S. S., Suffys, P., Barroso, E. C., Kerr, L. R. F. S., Duarte, C. R., Freitas, M. V. C., … Frota, C. C. (2013). Genotyping and drug resistance patterns of Mycobacterium tuberculosis strains observed in a tuberculosis high-burden municipality in Northeast, Brazil. *Brazilian Journal of Infectious Diseases*, *17*(3), 338–345. https://doi.org/10.1016/j.bjid.2012.10.019

Majdawati, A. (2016). Uji Diagnostik Gambaan Lesi Foto Thorax pada Penderita dengan Klinis Tuberkulosis Paru. *Mutiara Medika*, *10*(2), 180–188.

Marais, E., Mlambo, C. K., Lewis, J. J., Rastogi, N., Zozio, T., Grobusch, M. P., … Warren, R. W. (2014). Treatment outcomes of multidrug-resistant tuberculosis patients in Gauteng, South Africa. *Infection*, *42*(2), 405–413. https://doi.org/10.1007/s15010-013-0572-2

Martineau, A. R., Newton, S. M., Wilkinson, K. A., Kampmann, B., Hall, B. M., Nawroly, N., … Wilkinson, R. J. (2007). Neutrophil-mediated innate immune resistance to mycobacteria. *Journal of Clinical Investigation*, *117*(7), 1988–1994. https://doi.org/10.1172/JCI31097

Massi, M. N. (2012). *Pendekatan Molekuler Mikrobiologi dalam Mendeteksi Kuman Tuberkulosis* (Pertama). Dua Satu Press.

Mbugi, E. V., Katale, B. Z., Streicher, E. M., Keyyu, J. D., Kendall, S. L., Dockrell, H. M., … Rastogi, N. (2016). Mapping of Mycobacterium tuberculosis Complex Genetic Diversity Profiles in Tanzania and Other African Countries. *PLoS ONE*, *11*(5). https://doi.org/10.1371/journal.pone.0154571

Mihardja, L., Lolong, D. B., & Ghani, L. (2016). Prevalensi Diabetes

Melitus Pada Tuberkulosis Dan Masalah Terapi. *Jurnal Ekologi Kesehatan*, *14*(4), 350–358. https://doi.org/10.22435/jek.v14i4.4714.350-358

Minchella, P. A., Donkor, S., Owolabi, O., Sutherland, J. S., & McDermid, J. M. (2015). Complex anemia in tuberculosis: The need to consider causes and timing when designing interventions. *Clinical Infectious Diseases*, *60*(5), 764–772. https://doi.org/10.1093/cid/ciu945

Miyata, S., Tanaka, M., & Ihaku, D. (2013). The prognostic significance of nutritional status using malnutrition universal screening tool in patients with pulmonary tuberculosis. *Nutrition Journal*, *12*(1), 1–5. https://doi.org/10.1186/1475-2891-12-42

Mokrousov, I. (2012). The quiet and controversial: Ural family of Mycobacterium tuberculosis. *Infection, Genetics and Evolution*, *12*(4), 619–629. https://doi.org/10.1016/j.meegid.2011.09.026

Mubaraq, K., & Fani ade, I. (2021). Hubungan gambaran hasil pemeriksaan foto thoraks dengan kepositivan hasil pemeriksaan sputum pada penderita TB Paru di RSUD Pemerintah kabupaten Aceh Timur perioden Januari 2018-Agustus 2019. *Jurnal Ilmiah Kohesi*, *5*(3), 70–74.

Naim, N., & Dewi, N. U. (2018). Performa Tes Cepat Molekuler Dalam Diagnosa Tuberkulosis Di Balai Besar Kesehatan Paru Masyarakat Makassar. *Jurnal Media Analis Kesehatan*, *9*(2), 113–122. https://doi.org/10.32382/mak.v9i2.678

Nakajima, C., Tamaru, A., Rahim, Z., Poudel, A., Maharjan, B., Aye, K. S., … Matsuba, T. (2013). Simple multiplex PCR assay for identification of Beijing family Mycobacterium tuberculosis isolates with a lineage-specific mutation in Rv0679c. *Journal of Clinical Microbiology*, *51*(7), 2025–2032. https://doi.org/10.1128/JCM.03404-12

Nardell, E. A. (2016). Indoor environmental control of tuberculosis and other airborne infections. *Indoor AIr*, *26*, 79–87. https://doi.org/10.1111/ina.12232

Newton, S. M., Smith, R. J., Wilkinson, K. A., Nicol, M. P., Garton, N. J., Staples, K. J., … Wilkinson, R. J. (2006). A deletion defining a common Asian lineage of Mycobacterium tuberculosis associates with immune subversion. *Proceedings of the National Academy of Sciences of the United States of America*, *103*(42), 15594–15598. https://doi.org/10.1073/pnas.0604283103

Ngabonziza, J. C. S., Loiseau, C., Marceau, M., Jouet, A., Menardo, F., Tzfadia, O., … Supply, P. (2020). A sister lineage of the Mycobacterium tuberculosis complex discovered in the African Great Lakes region. *Nature Communications*, *11*(1), 1–11. https://doi.org/10.1038/s41467-020-16626-6

Niederweis, M., Danilchanka, O., Huff, J., Hoffmann, C., & Engelhardt, H. (2010). Mycobacterial outer membranes: in search of proteins. *Trends in Microbiology*, *18*(3), 109–116. https://doi.org/10.1016/j.tim.2009.12.005

Noorratri, E. D., Margawati, A., & Dwidiyanti, M. (2015). *Faktor Yang Mempengaruhi Efikasi Diri Pada Pasien TB Paru memperkirakan di Indonesia terdapat TB Paru dengan kemandirian diperlukan efikasi diri , penyakit TB tidak mampu melakukan , melakukan*. 1–6.

Nur Mailatul Hasanah. (2013). Analisis faktor yang berhubungan dengan kegagalan konversi BTA (+) pada akhir pengobatan fase intensif penderita Tuberculosis Paru di Rumah Sakit Paru Surabaya. Universitas Airlangga.

Orooj, M., Sharma, B., Rabra, S., & Awasth, S. (2021). Impact of COVID-19 pandemic on quality of life and medication adherence among pulmonary Tb patients. *International Journal of Current Research and Review*, *13*(6 special Issue), 119–124. https://doi.org/10.31782/IJCRR.2021.SP186

Pai, M., Behr, M. A., Dowdy, D., Dheda, K., Divangahi, M., Boehme, C. C., … Raviglione, M. (2016). Tuberculosis. *Nature Reviews Disease Primers*, *2*. https://doi.org/10.1038/nrdp.2016.76

Parhusip MBE. (2009). *Peranan Foto Dada dalam Mendiagnosis Tuberkulosis Paru Tersangka dengan BTA Negatif di Puskemas Kodya Medan*. Universitas Sumatera Utara.

Parwati, I., Alisjahbana, B., Apriani, L., Soetikno, R. D., Ottenhoff, T. H., Van Der Zanden, A. G. M., … VanCrevel, R. (2010). Mycobacterium tuberculosis beijing genotype is an independent risk factor for tuberculosis treatment failure in Indonesia. *Journal of Infectious Diseases*, *201*(4), 553–557. https://doi.org/10.1086/650311

Parwati, I., Van Crevel, R., Sudiro, M., Alisjahbana, B., Pakasi, T., Kremer, K., … Van Soolingen, D. (2008). Mycobacterium tuberculosis population structures differ significantly on two Indonesian islands. *Journal of Clinical Microbiology*, *46*(11), 3639–3645. https://doi.org/10.1128/JCM.00605-08

Parwati, I., van Crevel, R., & van Soolingen, D. (2010). Possible underlying mechanisms for successful emergence of the Mycobacterium tuberculosis Beijing genotype strains. *The Lancet Infectious Diseases*, *10*(2), 103–111. https://doi.org/10.1016/S1473-3099(09)70330-5

Peters, J. S., Ismail, N., Dippenaar, A., Ma, S., Sherman, D. R., Warren, R. M., & Kana, and B. D. (2020). Genetic Diversity in Mycobacterium tuberculosis Clinical Isolates and Resulting Outcomes of Tuberculosis Infection and Disease. *Annual Review of Genetics*, 1–27. https://doi.org/10.5772/32733

Portevin, D., Gagneux, S., Comas, I., & Young, D. (2011). Human macrophage responses to clinical isolates from the Mycobacterium tuberculosis complex discriminate between ancient and modern lineages. *PLoS Pathogens*, *7*(3). https://doi.org/10.1371/journal.ppat.1001307

Puspita, E., Christianto, E., & Indra, Y. (2016). Gambaran Status Gizi Pada Pasien Tuberkulosis Paru (Tb Paru) Yang Menjalani Rawat

Jalan Di Rsud Arifin Achmad Pekanbaru. *Journal of Chemical Information and Modeling*, *53*(9), 1689–1699.

Ramel, A., Halldorsson, T. I., Tryggvadottir, E. A., Martinez, J. A., Kiely, M., Bandarra, N. M., & Thorsdottir, I. (2013). Relationship between BMI and body fatness in three European countries. *European Journal of Clinical Nutrition*, *67*(3), 254–258. https://doi.org/10.1038/ejcn.2013.6

Rao J. (2014). *QRS for BDS II Year*. Elsevier Health Sciences.

Rao, S., Rahim, M., Iqbal, K., Haroon, F., & Hasan, Z. (2019). Impact of diabetes on mechanisms of immunity against Mycobacterium Host Immunity against Mycobacterium. *J Pak Med Assoc*, *69*(1), 94–98. Retrieved from http://www.jpma.org.pk/full_article_text.php?article_id=9007

Reed, M. B., Domenech, P., Manca, C., Su, H., Barczak, A. K., Kreiswirth, B. N., & Kaplan, G. (2004). A glycolipid of hypervirulent tuberculosis strains that inhibits the innate immune response. *Nature*, *431*(7004), 84–87. https://doi.org/10.1038/nature02837

Reed, M. B., Gagneux, S., DeRiemer, K., Small, P. M., & Barry, C. E. (2007). The W-Beijing lineage of Mycobacterium tuberculosis overproduces triglycerides and has the DosR dormancy regulon constitutively upregulated. *Journal of Bacteriology*, *189*(7), 2583–2589. https://doi.org/10.1128/JB.01670-06

Ribeiro, S. C. M., Gomes, L. L., Amaral, E. P., Andrade, M. R. M., Almeida, F. M., Rezende, A. L., … Lasunskaia, E. B. (2014). Mycobacterium tuberculosis strains of the modern sublineage of the beijing family are more likely to display increased virulence than strains of the ancient sublineage. *Journal of Clinical Microbiology*, *52*(7), 2615–2624. https://doi.org/10.1128/JCM.00498-14

Roy, C. J., Ph, D., & Milton, D. K. (2004). Airborne Transmission of Communicable Infection — The Elusive Pathway. *N Engl J Med*, *350*, 1710–1712.

Roya Alavi-Naini, Ali Moghtaderi, Maliheh Metanat, Mehdi Mohammadi, M. Z. (2013). Factors associated with mortality in tuberculosis patients. *Journal of Research in Medical Sciences*, *18*(1), 52–55. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3719227/

Rutaihwa, L. K., Menardo, F., Stucki, D., Gygli, S. M., Ley, S. D., Malla, B., … Gagneux, S. (2019). Multiple introductions of Mycobacterium tuberculosis Lineage 2-Beijing into Africa over centuries. *Frontiers in Ecology and Evolution*, *7*(MAR). https://doi.org/10.3389/fevo.2019.00112

Saathoff, E., Villamor, E., Mugusi, F., Bosch, R. J., Urassa, W., & Fawzi, W. W. (2011). Anemia in adults with tuberculosis is associated with HIV and anthropometric status in Dar es Salaam, Tanzania. *International Journal of Tuberculosis and Lung Disease*, *15*(7), 925–932. https://doi.org/10.5588/ijtld.10.0477

Sei, W. L., Young, A. K., Young, S. Y., Um, S. W., Sang, M. L., Yoo, C. G.,

… Yim, J. J. (2006). The prevalence and evolution of anemia associated with tuberculosis. *Journal of Korean Medical Science*, *21*(6), 1028–1032. https://doi.org/10.3346/jkms.2006.21.6.1028

Shah, Y., Maharjan, B., Thapa, J., Poudel, A., Diab, H. M., Pandey, B. D., … Nakajima, C. (2017). High diversity of multidrug-resistant Mycobacterium tuberculosis Central Asian Strain isolates in Nepal. *International Journal of Infectious Diseases*, *63*, 13–20. https://doi.org/10.1016/j.ijid.2017.06.010

Sharma, A., Bloss, E., Heilig, C. M., & Click, E. S. (2016). Tuberculosis caused by Mycobacterium africanum, United States, 2004-2013. *Emerging Infectious Diseases*, *22*(3), 396–403. https://doi.org/10.3201/eid2203.151505

Shi, J., Zheng, D., Zhu, Y., Ma, X., Wang, S., Li, H., & Xing, J. (2018). Role of MIRU-VNTR and spoligotyping in assessing the genetic diversity of Mycobacterium tuberculosis in Henan Province, China. *BMC Infectious Diseases*, *18*(1), 1–12. https://doi.org/10.1186/s12879-018-3351-y

Shrivastava SR, Shrivastava PS, R. J. (2015). Scope of family in public health: An epidemiologist's perspective. *Muller J Med Sci Res*, *6*, 101–102.

Sia, I. G., & Wieland, M. L. (2011). Current concepts in the management of tuberculosis. *Mayo Clinic Proceedings*, *86*(4), 348–361. https://doi.org/10.4065/mcp.2010.0820

Smeltzer, S. (2010). *Buku ajar keperawatan medikal bedah Brunner Suddarth* (8th ed.). Jakarta: Penulis Buku Kedokteran EGC.

Smittipat, N., Miyahara, R., Juthayothin, T., Billamas, P., Dokladda, K., Imsanguan, W., … Yanai, H. (2019). Indo-Oceanic Mycobacterium tuberculosis strains from Thailand associated with higher mortality. *International Journal of Tuberculosis and Lung Disease*, *23*(9), 972–979. https://doi.org/10.5588/ijtld.18.0710

Soetikno, R. D., & Parwati, I. (2010). Gambaran Foto Toraks Tuberkulosis Paru Genotipe Beijing Thoracic Photo Profile of Lung Tuberculosis Beijing and Non Beijing Genotypes. *Majalah Kedokteran Bandung*, *42*(3), 92–95.

Somantri. (2012). *Keperawatan medikal bedah: Asuhan keperawatan pada pasien gangguan sistem pernafasan*. Jakarta: Salemba medika.

Sulis, G., Centis, R., Sotgiu, G., D'Ambrosio, L., Pontali, E., Spanevello, A., … Migliori, G. B. (2016). Recent developments in the diagnosis and management of tuberculosis. *Npj Primary Care Respiratory Medicine*, *26*(June). https://doi.org/10.1038/npjpcrm.2016.78

Sundari, R., Parwati, I., Mose, J. C., & Setiabudiawan, B. (2017). Perbedaan Parameter Hematologi pada Penderita Tuberkulosis Paru Terinfeksi Mycobacterium Tuberculosis Galur Beijing dengan Galur Non-Beijing. *Majalah Kedokteran Bandung*, *49*(1), 35–42. https://doi.org/10.15395/mkb.v49n1.985

Supply, P., Allix, C., Lesjean, S., Cardoso-Oelemann, M., Rüsch-Gerdes,

S., Willery, E., … Van Soolingen, D. (2006). Proposal for standardization of optimized mycobacterial interspersed repetitive unit-variable-number tandem repeat typing of Mycobacterium tuberculosis. *Journal of Clinical Microbiology*, *44*(12), 4498–4510. https://doi.org/10.1128/JCM.01392-06

Supply, P., Marceau, M., Mangenot, S., Roche, D., Rouanet, C., Khanna, V., … Brosch, R. (2013). Genomic analysis of smooth tubercle bacilli provides insights into ancestry and pathoadaptation of Mycobacterium tuberculosis. *Nature Genetics*, *45*(2), 172–179. https://doi.org/10.1038/ng.2517

Suzana, S., Shanmugam, S., Uma Devi, K. R., Swarna Latha, P. N., & Michael, J. S. (2017). Spoligotyping of Mycobacterium tuberculosis isolates at a tertiary care hospital in India. *Tropical Medicine and International Health*, *22*(6), 703–707. https://doi.org/10.1111/tmi.12875

Syahridha, & Mertaniasih, N. M. (2019). Acid-Fast Bacilli Conversion of Beijing and Non-Beijing Strain of Pulmonary Tuberculosis in South Sulawesi. *Indonesian Journal of Tropical and Infectious Disease*, *7*(5), 99. https://doi.org/10.20473/ijtid.v7i5.9670

Theus, S. A., Cave, M. D., & Eisenach, K. D. (2005). Intracellular macrophage growth rates and cytokine profiles of Mycobacterium tuberculosis strains with different transmission dynamics. *Journal of Infectious Diseases*, *191*(3), 453–460. https://doi.org/10.1086/425936

Theus, S. A., Cave, M. D., Eisenach, K., Walrath, J., Lee, H., Mackay, W., … Silver, R. F. (2006). Differences in the growth of paired Ugandan isolates of Mycobacterium tuberculosis within human mononuclear phagocytes correlate with epidemiological evidence of strain virulence. *Infection and Immunity*, *74*(12), 6865–6876. https://doi.org/10.1128/IAI.00561-06

Togun, T., Kampmann, B., Stoker, N. G., & Lipman, M. (2020). Anticipating the impact of the COVID-19 pandemic on TB patients and TB control programmes. *Annals of Clinical Microbiology and Antimicrobials*, *19*(1), 1–6. https://doi.org/10.1186/s12941-020-00363-1

Turgut, M., Uzun, O., Kelkitli, E., & Özer, O. (2002). Pulmonary tuberculosis associated with autoimmune hemolytic anemia: An unusual presentation. *Turkish Journal of Haematology*, *19*(4), 477–480.

Ufimtseva, E., Eremeeva, N., Vakhrusheva, D., & Skornyakov, S. (2019). Mycobacterium tuberculosis shape and size variations in alveolar macrophages of tuberculosis patients. *European Respiratory Journal*, *54*(63), PA4605. https://doi.org/10.1183/13993003.congress-2019.pa4605

Van Soolingen, D., Qian, L., De Haas, P. E. W., Douglas, J. T., Traore, H., Portaels, F., … Van Embden, J. D. A. (1995). Predominance of a single genotype of Mycobacterium tuberculosis in countries of East

Asia. *Journal of Clinical Microbiology*, *33*(12), 3234–3238. https://doi.org/10.1128/jcm.33.12.3234-3238.1995

Vijay, S., Kumar, P., Chauhan, L. S., Vollepore, B. H., Kizhakkethil, U. P., & Rao, S. G. (2010). Risk factors associated with default among new smear positive TB patients treated under DOTS in India. *PLoS ONE*, *5*(4). https://doi.org/10.1371/journal.pone.0010043

Wang, J., Liu, Y., Zhang, C. L., Ji, B. Y., Zhang, L. Z., Shao, Y. Z., … Ling, H. (2011). Genotypes and characteristics of clustering and drug susceptibility of mycobacterium tuberculosis isolates collected in heilongjiang province, China. *Journal of Clinical Microbiology*, *49*(4), 1354–1362. https://doi.org/10.1128/JCM.02274-10

Weerasekera, D., Pathirane, H., Madegedara, D., Dissanayake, N., Thevanesam, V., & Magana-Arachchi, D. N. (2019). Evaluation of the 15 and 24-loci MIRU-VNTR genotyping tools with spoligotyping in the identification of Mycobacterium tuberculosis strains and their genetic diversity in molecular epidemiology studies. *Infectious Diseases*, *51*(3), 206–215. https://doi.org/10.1080/23744235.2018.1551619

Weiss, G. (2009). Iron metabolism in the anemia of chronic disease. *Biochimica et Biophysica Acta - General Subjects*, *1790*(7), 682–693. https://doi.org/10.1016/j.bbagen.2008.08.006

Weniger, T., Krawczyk, J., Supply, P., Niemann, S., & Harmsen, D. (2010). MIRU-VNTRplus: A web tool for polyphasic genotyping of Mycobacterium tuberculosis complex bacteria. *Nucleic Acids Research*, *38*(SUPPL. 2), 326–331. https://doi.org/10.1093/nar/gkq351

WHO. (2020). *Global Tuberculosis report*.

Wiens, K. E., Woyczynski, L. P., Ledesma, J. R., Ross, J. M., Zenteno-Cuevas, R., Goodridge, A., … Hay, S. I. (2018). Global variation in bacterial strains that cause tuberculosis disease: A systematic review and meta-analysis. *BMC Medicine*, *16*(1), 1–13. https://doi.org/10.1186/s12916-018-1180-x

Wirawan, R. (2011). *Pemeriksaan Laboratorium Hematologi*. Jakarta: Badan Penerbit FKUI.

Wondale, B., Keehwan, K., Medhin, G., Teklu, T., Mohammed, T., Tolosa, S., … Ameni, G. (2020). Molecular epidemiology of clinical Mycobacterium tuberculosis complex isolates in South Omo, Southern Ethiopia. *BMC Infectious Diseases*, *20*(1), 1–12. https://doi.org/10.1186/s12879-020-05394-9

World Health Organization (Organization). (2019). WHO Consolidated Guidelines on drug resisten tuberculosis treatment. In *Who*. Retrieved from https://www.who.int/tb/publications/2019/consolidated-guidelines-drug-resistant-TB-treatment/en/

Wulandari, D. R., & Sugiri, Y. J. (2013). *Diabetes Melitus dan Permasalahannya pada Infeksi Tuberkulosis*. *33*(2), 126–134.

Xu, M., Markström, U., Lyu, J., & Xu, L. (2017). Detection of low adherence in rural tuberculosis patients in china: Application of

morisky medication adherence scale. *International Journal of Environmental Research and Public Health*, *14*(3). https://doi.org/10.3390/ijerph14030248

Yanti, B., Mulyadi, M., Soetjipto, S., Mertaniasih, N. M., & Amin, M. (2020). Phylogeny magnitude of Mycobacterium tuberculosis based on genomic analysis. *Jurnal Kedokteran Dan Kesehatan Indonesia*, *11*(2), 191–197. https://doi.org/10.20885/jkki.vol11.iss2.art12

Yusuf, Z. . . (2010). Polymerase Chain Release (PCR). *Saintek Vol 5, No. 6*, *53*(1).

Zhang, M., Gong, J., Yang, Z., Samten, B., Cave, M. D., & Barnes, P. F. (1999). Enhanced capacity of a widespread strain of Mycobacterium tuberculosis to grow in human macrophages. *Journal of Infectious Diseases*, *179*(5), 1213–1217. https://doi.org/10.1086/314738

Zheng, Y., Ma, A., Wang, Q., Han, X., Cai, J., Schouten, E. G., … Li, Y. (2013). Relation of leptin, ghrelin and inflammatory cytokines with body mass index in pulmonary tuberculosis patients with and without type 2 diabetes mellitus. *PLoS ONE*, *8*(11), 1–6. https://doi.org/10.1371/journal.pone.0080122

Zhou, Y., Van Den Hof, S., Wang, S., Pang, Y., Zhao, B., Xia, H., … Van Soolingen, D. (2017). Association between genotype and drug resistance profiles of Mycobacterium tuberculosis strains circulating in China in a national drug resistance survey. *PLoS ONE*, *12*(3), 1–13. https://doi.org/10.1371/journal.pone.0174197

Zuiga, J., Torres-García, D., Santos-Mendoza, T., Rodriguez-Reyna, T. S., Granados, J., & Yunis, E. J. (2012). Cellular and humoral mechanisms involved in the control of tuberculosis. *Clinical and Developmental Immunology*, *2012*. https://doi.org/10.1155/2012/193923

LEMBAR PERSETUJUAN MENGIKUTI PENELITIAN
(*Informad Consent*)

Saya yang bertanda tangan dibawah ini :

Nama :

Umur/Jenis Kelamin : /

Pekerjaan :

Alamat :

Sesudah mendengarkan penjelasan yang diberikan dan diberikan kesempatan untuk menyatakan yang belum dimengerti, dengan ini memberikan :

PERSETUJUAN

Sebagai subjek penelitian dengan judul penelitian **"ANALISIS FAKTOR PREDIKTIF KEGAGALAN PENGOBATAN PASIEN TBC PARU DI KOTA MAKASSAR KAITANNYA DENGAN STRAIN BEIJING MYCOBACTERIUM TUBERCULOSIS"** dan sewaktu-waktu saya berhak mengundurkan diri.

Demikian persetujuan ini saya buat dengan penuh kesadaran dan tanpa paksaan dari pihak manapun.

Makassar,. 2021

Yang Membuat Pernyataan

(.....)

PENJELASAN PENELITIAN UNTUK DISETUJUI
(*Information for consent*)

Nama Peneliti : Syahridha

Judul Penelitian : Analisis faktor prediktif kegagalan pengobatan pasien TBC Paru kaitannya dengan strain Beijing Mycobacterium tuberculosis

1. Peneltian ini bertujuan untuk mendapatkan informasi mengenai karakteristik responden berupa umur, jenis kelamin, pendidikan, status pernikahan, pekerjaan
2. Bapak/ibu dipilih sebagai subjek penelitian ini karena memenuhi criteria untuk ikut serta dalam penelitian.
3. Urutan prosedur penelitian : kuesioner karakteristik responden, dan pemeriksaan dahak bapak/ibu, pemeriksaan GDS, Radiologi dan darah ritin
4. Kerahasiaan (Bapak/Ibu/Saudara/i) dan hasil penelitian ini dijamin karena hanya mencantumkan kode sampel.

Yang Menerima Penjelasan	Yang Memberi Penjelasan
(……..)	(……)

KUESIONER PENELITIAN

KUESIONER A : KARAKTERISTIK RESPONDEN

Petunjuk :

Jkawablah pertanyaan dibawah ini dengan cara menuliskan jawaban atau melingkari alternatif jawaban yang telah tersedia

No. Responden : ☐
No. Rekam Medis :…….
No. Register Lab :.....
Usia ..... Tahun
Jenis Kelamin : 1. Laki-laki 2. Perempuan
Alamat :……
No. HP :……
Pekerjaan : 1. PNS/ TNI/ POLRI
2. Karyawan Swasta
3. Buruh
4. Mahasiswa
5. Ibu Rumah Tangga
6. Lainnya:…….
Tingkat Pendidikan : SD / SMP / SMA / Diploma / S1 / S2
Status pernikahan : belum menikah/ menikah/ janda/duda
Berat Badan..... Kg
Tinggi badan..... cm
Riwayat Diabetes Melitus : 1. Ya, sejak…..... 2. tidak
Hasil Pemeriksaan Lab : + /++ / +++

Hasil Pemeriksaan GDS :

Hasil Pemeriksaan VCT :

Tanggal Pemeriksaan
:……
…..

Data Keluarga Dekat

Nama :

No. HP :

Hubungan Dengan Pasien: Suami / Istri / Anak/ lainnya……

Apakah ada keluarga yang pernah mengalami Covid-19? 1. Ya 2. Tidak

KUESIONER B : HASIL PEMERIKSAAN

1. Hasil pengobatan

	Mulai pengobatan	Akhir bulan ke-2	Akhir Bulan Ke- 5	Akhir Bulan Ke- 6
Tanggal				
Hasil Pemeriksaan BTA				

2. Hasil Pemeriksaan darah rutin

No	Jenis Pemeriksaan	Nilai Rujukan	Hasil

3. Hasil Pemeriksaan foto toraks

Jenis Pemeriksaan	Hasil Pemeriksaan

MASTER TABEL PENELITIAN

No	umur	pekerjaan	JK	Tk Pend	Status Nikah	Status Gizi	status DM	Hasil Lab BTA	Lesi pada paru	pemeriksaan darah rutin			Hasil pengobatan	Strain MTBC	Jenis Strain MTBC	Lama pengobatan
										Anemia	Leukositosis	Neutrofilia				
										11-16	4-10	2-7				
1	4	1	1	4	1	1	1	1	2	2	2	2	2	2	2	178
2	3	6	1	1	2	2	2	3	1	2	2	2	2	2	4	167
3	2	5	2	1	1	2	2	3	1	2	2	2	2	1	1	169
4	4	2	2	5	1	1	2	3	1	2	2	2	2	1	1	164
5	5	5	2	1	1	2	2	2	1	1	2	1	2	1	2	173
6	5	3	1	2	1	1	2	1	1	1	2	1	2	2	3	181
7	2	3	1	3	1	2	1	1	2	2	1	2	2	2	2	162
8	5	6	1	1	1	1	2	1	1	1	1	2	2	2	1	167
9	2	6	1	2	2	1	2	1	1	1	1	1	1	1	4	165
10	1	6	1	1	2	3	2	1	1	2	2	1	1	1	6	145
11	1	4	2	3	2	1	2	3	2	2	2	2	2	2	1	172
12	4	1	2	5	1	3	2	1	2	2	2	2	2	1	3	172
13	3	5	2	2	1	2	1	1	2	1	2	2	1	1	5	142
14	5	3	1	4	1	1	2	3	1	2	2	2	1	2	2	146
15	3	3	1	2	2	2	2	3	1	2	1	1	2	2	1	160
16	3	3	1	3	1	2	2	2	2	2	2	2	2	2	5	164
17	2	6	1	3	1	3	2	1	1	1	1	1	2	2	7	167
18	4	5	2	2	1	1	2	3	2	2	2	2	2	1	2	152
19	1	6	2	3	2	1	2	3	2	2	2	2	2	1	2	172
20	1	4	2	3	2	2	2	3	2	2	2	2	2	2	2	181
21	5	3	1	3	1	2	2	1	1	2	1	1	2	2	3	162
22	1	6	1	2	2	1	2	3	1	1	1	1	2	2	2	173
23	2	3	1	5	2	1	2	2	2	2	1	1	2	1	3	167
24	1	3	1	3	2	2	2	3	1	2	2	2	2	2	6	168
25	1	3	1	3	2	2	2	3	1	2	1	1	2	2	4	172
26	4	1	1	5	1	2	2	1	1	2	2	1	2	1	1	182

27	2	4	1	3	2	2	2	3	1	1	1	2	2	2	2	176
28	2	3	2	3	1	2	2	1	2	1	1	1	2	2	3	166
29	2	5	2	3	1	1	2	1	2	2	1	1	2	2	2	181
30	4	3	1	2	1	2	1	3	2	1	2	1	1	1	8	172
31	5	5	2	2	1	2	2	2	2	1	2	2	2	2	3	168
32	4	3	1	1	1	3	1	1	1	2	1	1	2	2	1	167
33	3	5	2	2	1	2	2	2	2	1	2	1	1	2	2	167
34	5	5	2	1	1	1	1	2	1	2	1	1	2	2	5	174
35	2	3	1	3	1	3	2	1	2	2	2	2	2	2	3	169
36	4	3	1	3	1	2	1	2	2	2	2	2	2	2	6	173
37	4	5	2	2	1	3	1	1	2	2	2	2	2	2	5	176
38	1	6	1	2	2	2	2	1	1	1	1	1	2	2	5	168
39	5	1	1	2	1	1	2	2	2	2	2	2	2	2	3	168
40	4	5	2	3	1	3	2	1	2	1	1	1	2	2	5	167
41	5	1	1	3	1	1	1	3	2	2	2	2	1	1	1	142
42	2	5	2	3	1	2	1	1	1	2	2	2	2	2	7	170
43	4	6	1	1	1	2	1	3	1	1	1	1	1	2	2	165
44	4	2	1	2	1	1	2	1	1	2	2	2	2	2	8	167
45	4	3	1	3	1	1	2	1	1	1	1	1	2	2	7	151
46	2	5	2	1	1	2	2	1	1	1	2	2	2	2	1	168
47	2	3	2	3	2	1	2	3	2	2	1	1	2	1	3	170
48	2	5	2	2	1	2	2	2	1	2	1	1	2	2	1	166
49	2	3	2	2	1	2	1	1	1	2	2	1	2	2	5	174
50	5	6	1	2	1	1	2	1	1	2	2	2	2	2	4	167
51	3	6	1	1	1	2	2	1	1	2	1	2	2	2	6	170
52	5	6	1	3	2	2	2	1	1	2	2	2	2	2	5	165
53	2	6	1	3	1	2	2	1	1	2	2	2	2	2	5	152
54	2	3	1	3	1	2	2	3	1	2	2	2	2	2	7	168
55	3	3	1	4	1	3	1	2	2	1	1	1	1	2	5	148

Keterangan

Umur Pekerjaan Tingkat pendidikan Jenis Kelamin (JK) status pernikah status HIV

1= 15-24 tahun	1= ASN/TNI/Polri	1= SD	1= Laki-laki	1= menikah 1= positif
2= 25-34 tahun	2=Dosen	2=SMP	2= Perempuan	2= belum menik 2= negatif
3= 35-44 tahun	3= Karyawan swasta	3=SMA		
4= 45-54 tahun	4= Mahasiswa	4=S1		
5= 55-64 tahun	5= Ibu rumah tangga	5=S2		
	6= tidak bekerja			

lesi paru	Status anemia	leukositosis	Neutrofilia	Status Gizi Riwayat keluarga terpapar covid
1= ya	1= ya	1= ya	1=ya	1=Kurus (IMT < 1=ya
2=tidak	2= tidak	2= tidak	2=tidak	2=Normal (IMT 2=tidak
				3= lebih (IMT >25)

Hasil Pengobatan	Strain MTBC	Status Diabetes melitus	Jenis Strain MTBC
1= gagal pengobatan	1= Strain Beijing	1= Ya	1= Strain Beijing
2= sembuh	2= Strain non-Beijing	2=tidak	2= EAI
			3= LAM
			4= S
			5= Dehi/CAS
			6= Haarlem
			7= Cameroon
			8=TUR

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
umur * Strain MTBC	55	100.0%	0	.0%	55	100.0%
Jenis kelamin * Strain MTBC	55	100.0%	0	.0%	55	100.0%
Pekerjaan * Strain MTBC	55	100.0%	0	.0%	55	100.0%
tingkat pendidikan * Strain MTBC	55	100.0%	0	.0%	55	100.0%

umur * Strain MTBC

Crosstab

			Strain MTBC		
			Strain Beijing	Strain non-Beijing	Total
umur	16-25 tahun	Count	2	6	8
		% within umur	25.0%	75.0%	100.0%
	26-35 tahun	Count	4	12	16
		% within umur	25.0%	75.0%	100.0%
	36-45 tahun	Count	1	6	7
		% within umur	14.3%	85.7%	100.0%
	46-55 tahun	Count	5	8	13
		% within umur	38.5%	61.5%	100.0%
	56-65 tahun	Count	2	9	11
		% within umur	18.2%	81.8%	100.0%
Total		Count	14	41	55
		% within umur	25.5%	74.5%	100.0%

Jenis kelamin * Strain MTBC

Crosstab

			Strain MTBC		
			Strain Beijing	Strain non-Beijing	Total
Jenis kelamin	Laki-laki	Count	6	28	34
		% within Jenis kelamin	17.6%	82.4%	100.0%
	Perempuan	Count	8	13	21
		% within Jenis kelamin	38.1%	61.9%	100.0%
Total		Count	14	41	55
		% within Jenis kelamin	25.5%	74.5%	100.0%

Pekerjaan * Strain MTBC

Crosstab

			Strain MTBC		
			Strain Beijing	Strain non-Beijing	Total
Pekerjaan	ASN/TNI/POLRI	Count	3	2	5
		% within Pekerjaan	60.0%	40.0%	100.0%
	Dosen	Count	1	1	2
		% within Pekerjaan	50.0%	50.0%	100.0%
	Karyawan swasta	Count	3	16	19
		% within Pekerjaan	15.8%	84.2%	100.0%
	Mahasiswa	Count	0	3	3
		% within Pekerjaan	.0%	100.0%	100.0%
	Ibu Rumah Tangga	Count	4	9	13
		% within Pekerjaan	30.8%	69.2%	100.0%
	Tidak bekerja	Count	3	10	13
		% within Pekerjaan	23.1%	76.9%	100.0%
Total		Count	14	41	55
		% within Pekerjaan	25.5%	74.5%	100.0%

tingkat pendidikan * Strain MTBC

Crosstab

			Strain MTBC		
			Strain Beijing	Strain non-Beijing	Total
tingkat pendidikan	SD	Count	3	7	10
		% within tingkat pendidikan	30.0%	70.0%	100.0%
	SMP	Count	4	12	16
		% within tingkat pendidikan	25.0%	75.0%	100.0%
	SMA	Count	3	19	22
		% within tingkat pendidikan	13.6%	86.4%	100.0%
	S1	Count	0	3	3
		% within tingkat pendidikan	.0%	100.0%	100.0%
	S2	Count	4	0	4
		% within tingkat pendidikan	100.0%	.0%	100.0%
Total		Count	14	41	55
		% within tingkat pendidikan	25.5%	74.5%	100.0%

Frequencies

hasil pengobatan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Gagal pengobatan	9	16.4	16.4	16.4
	Sembuh	46	83.6	83.6	100.0
	Total	55	100.0	100.0	

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Strain MTBC * hasil pengobatan	55	100.0%	0	.0%	55	100.0%

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Jenis Strain MTBC * hasil pengobatan	55	100.0%	0	.0%	55	100.0%

Strain MTBC * hasil pengobatan

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
Strain MTBC	Strain Beijing	Count	5	9	14
		Expected Count	2.3	11.7	14.0
		% within Strain MTBC	35.7%	64.3%	100.0%
	Strain non-Beijing	Count	4	37	41
		Expected Count	6.7	34.3	41.0
		% within Strain MTBC	9.8%	90.2%	100.0%
Total		Count	9	46	55
		Expected Count	9.0	46.0	55.0
		% within Strain MTBC	16.4%	83.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.138[a]	1	.023		
Continuity Correction [b]	3.417	1	.065		
Likelihood Ratio	4.558	1	.033		
Fisher's Exact Test				.037	.037
Linear-by-Linear Association	5.045	1	.025		
N of Valid Cases [b]	55				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 2,29.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	5.139	1.143	23.102
For cohort hasil pengobatan = Gagal pengobatan	3.661	1.140	11.753
For cohort hasil pengobatan = Sembuh	.712	.476	1.066
N of Valid Cases	55		

Jenis Strain MTBC * hasil pengobatan

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
Jenis Strain MTBC	Strain Beijing	Count	5	9	14
		Expected Count	2.3	11.7	14.0
		% within Jenis Strain MTBC	35.7%	64.3%	100.0%
	EAI	Count	1	11	12
		Expected Count	2.0	10.0	12.0
		% within Jenis Strain MTBC	8.3%	91.7%	100.0%
	LAM	Count	1	9	10
		Expected Count	1.6	8.4	10.0
		% within Jenis Strain MTBC	10.0%	90.0%	100.0%
	S	Count	0	6	6
		Expected Count	1.0	5.0	6.0
		% within Jenis Strain MTBC	.0%	100.0%	100.0%
	Delhi/CAS	Count	1	5	6
		Expected Count	1.0	5.0	6.0
		% within Jenis Strain MTBC	16.7%	83.3%	100.0%
	Haarlem	Count	1	3	4
		Expected Count	.7	3.3	4.0
		% within Jenis Strain MTBC	25.0%	75.0%	100.0%
	Cameroon	Count	0	2	2
		Expected Count	.3	1.7	2.0

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
Jenis Strain MTBC	Cameroon	% within Jenis Strain MTBC	.0%	100.0%	100.0%
	TUR	Count	0	1	1
		Expected Count	.2	.8	1.0
		% within Jenis Strain MTBC	.0%	100.0%	100.0%
Total		Count	9	46	55
		Expected Count	9.0	46.0	55.0
		% within Jenis Strain MTBC	16.4%	83.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.671[a]	7	.464
Likelihood Ratio	7.481	7	.381
Linear-by-Linear Association	1.584	1	.208
N of Valid Cases	55		

a. 11 cells (68,8%) have expected count less than 5. The minimum expected count is ,16.

Risk Estimate

	Value
Odds Ratio for Jenis Strain MTBC (Strain Beijing / EAI)	[a]

a. Risk Estimate statistics cannot be computed. They are only computed for a 2*2 table without empty cells.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Status Gizi * hasil pengobatan	55	100.0%	0	.0%	55	100.0%
Diabetes Melitus * hasil pengobatan	55	100.0%	0	.0%	55	100.0%

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
lesi paru hasil radiologi * hasil pengobatan	55	100.0%	0	.0%	55	100.0%
Status anemia * hasil pengobatan	55	100.0%	0	.0%	55	100.0%
leukositosis * hasil pengobatan	55	100.0%	0	.0%	55	100.0%
neutrofilia * hasil pengobatan	55	100.0%	0	.0%	55	100.0%

Status Gizi * hasil pengobatan

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
Status Gizi	Kurang (<18·5)	Count	3	16	19
		Expected Count	3.1	15.9	19.0
		% within Status Gizi	15.8%	84.2%	100.0%
	Normal (18·5–24·9)	Count	4	24	28
		Expected Count	4.6	23.4	28.0
		% within Status Gizi	14.3%	85.7%	100.0%
	Lebih (>25)	Count	2	6	8
		Expected Count	1.3	6.7	8.0
		% within Status Gizi	25.0%	75.0%	100.0%
Total		Count	9	46	55
		Expected Count	9.0	46.0	55.0
		% within Status Gizi	16.4%	83.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.529[a]	2	.768
Likelihood Ratio	.484	2	.785
Linear-by-Linear Association	.185	1	.667
N of Valid Cases	55		

a. 3 cells (50,0%) have expected count less than 5. The minimum expected count is 1,31.

Risk Estimate

	Value
Odds Ratio for Status Gizi (Kurang (<18·5) / Normal (18·5–24·9))	[a]

a. Risk Estimate statistics cannot be computed. They are only computed for a 2*2 table without empty cells.

Diabetes Melitus * hasil pengobatan

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
Diabetes Melitus	Ya	Count	5	8	13
		Expected Count	2.1	10.9	13.0
		% within Diabetes Melitus	38.5%	61.5%	100.0%
	Tidak	Count	4	38	42
		Expected Count	6.9	35.1	42.0
		% within Diabetes Melitus	9.5%	90.5%	100.0%
Total		Count	9	46	55
		Expected Count	9.0	46.0	55.0
		% within Diabetes Melitus	16.4%	83.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.074[a]	1	.014		
Continuity Correction [b]	4.144	1	.042		
Likelihood Ratio	5.281	1	.022		
Fisher's Exact Test				.026	.026
Linear-by-Linear Association	5.964	1	.015		
N of Valid Cases [b]	55				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 2,13.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Diabetes Melitus (Ya / Tidak)	5.938	1.299	27.143
For cohort hasil pengobatan = Gagal pengobatan	4.038	1.268	12.861
For cohort hasil pengobatan = Sembuh	.680	.438	1.057
N of Valid Cases	55		

lesi paru hasil radiologi * hasil pengobatan

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
lesi paru hasil radiologi	Ya	Count	4	28	32
		Expected Count	5.2	26.8	32.0
		% within lesi paru hasil radiologi	12.5%	87.5%	100.0%
	Tidak	Count	5	18	23
		Expected Count	3.8	19.2	23.0
		% within lesi paru hasil radiologi	21.7%	78.3%	100.0%
Total		Count	9	46	55
		Expected Count	9.0	46.0	55.0
		% within lesi paru hasil radiologi	16.4%	83.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.835[a]	1	.361		
Continuity Correction [b]	.296	1	.586		
Likelihood Ratio	.823	1	.364		
Fisher's Exact Test				.467	.291
Linear-by-Linear Association	.819	1	.365		
N of Valid Cases [b]	55				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 3,76.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for lesi paru hasil radiologi (Ya / Tidak)	.514	.122	2.175
For cohort hasil pengobatan = Gagal pengobatan	.575	.173	1.910
For cohort hasil pengobatan = Sembuh	1.118	.869	1.439
N of Valid Cases	55		

Status anemia * hasil pengobatan

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
Status anemia	Ya	Count	6	12	18
		Expected Count	2.9	15.1	18.0
		% within Status anemia	33.3%	66.7%	100.0%
	tidak	Count	3	34	37
		Expected Count	6.1	30.9	37.0
		% within Status anemia	8.1%	91.9%	100.0%
Total		Count	9	46	55
		Expected Count	9.0	46.0	55.0
		% within Status anemia	16.4%	83.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.630[a]	1	.018		
Continuity Correction [b]	3.938	1	.047		
Likelihood Ratio	5.283	1	.022		
Fisher's Exact Test				.046	.026
Linear-by-Linear Association	5.528	1	.019		
N of Valid Cases [b]	55				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 2,95.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Status anemia (Ya / tidak)	5.667	1.222	26.280
For cohort hasil pengobatan = Gagal pengobatan	4.111	1.159	14.585
For cohort hasil pengobatan = Sembuh	.725	.516	1.020
N of Valid Cases	55		

leukositosis * hasil pengobatan

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
leukositosis	ya	Count	3	19	22
		Expected Count	3.6	18.4	22.0
		% within leukositosis	13.6%	86.4%	100.0%
	tidak	Count	6	27	33
		Expected Count	5.4	27.6	33.0
		% within leukositosis	18.2%	81.8%	100.0%
Total		Count	9	46	55
		Expected Count	9.0	46.0	55.0
		% within leukositosis	16.4%	83.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.199[a]	1	.655		
Continuity Correction [b]	.006	1	.941		
Likelihood Ratio	.203	1	.652		
Fisher's Exact Test				.727	.478
Linear-by-Linear Association	.196	1	.658		
N of Valid Cases [b]	55				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 3,60.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for leukositosis (ya / tidak)	.711	.158	3.200
For cohort hasil pengobatan = Gagal pengobatan	.750	.209	2.688
For cohort hasil pengobatan = Sembuh	1.056	.838	1.330
N of Valid Cases	55		

neutrofilia * hasil pengobatan

Crosstab

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
neutrofilia	Ya	Count	6	19	25
		Expected Count	4.1	20.9	25.0
		% within neutrofilia	24.0%	76.0%	100.0%
	tidak	Count	3	27	30
		Expected Count	4.9	25.1	30.0
		% within neutrofilia	10.0%	90.0%	100.0%
Total		Count	9	46	55
		Expected Count	9.0	46.0	55.0
		% within neutrofilia	16.4%	83.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.953[a]	1	.162		
Continuity Correction [b]	1.064	1	.302		
Likelihood Ratio	1.963	1	.161		
Fisher's Exact Test				.273	.151
Linear-by-Linear Association	1.917	1	.166		
N of Valid Cases [b]	55				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 4,09.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for neutrofilia (Ya / tidak)	2.842	.631	12.802
For cohort hasil pengobatan = Gagal pengobatan	2.400	.667	8.634
For cohort hasil pengobatan = Sembuh	.844	.657	1.085
N of Valid Cases	55		

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Strain MTBC * hasil pengobatan * Status Gizi	55	100.0%	0	.0%	55	100.0%

Strain MTBC * hasil pengobatan * Status Gizi Crosstabulation

Status Gizi				hasil pengobatan		Total
				Gagal pengobatan	Sembuh	
Kurang (<18·5)	Strain MTBC	Strain Beijing	Count	2	5	7
			Expected Count	1.1	5.9	7.0
			% within Strain MTBC	28.6%	71.4%	100.0%
		Strain non-Beijing	Count	1	11	12
			Expected Count	1.9	10.1	12.0
			% within Strain MTBC	8.3%	91.7%	100.0%
	Total		Count	3	16	19
			Expected Count	3.0	16.0	19.0
			% within Strain MTBC	15.8%	84.2%	100.0%
Normal (18·5–24·9)	Strain MTBC	Strain Beijing	Count	2	3	5
			Expected Count	.7	4.3	5.0
			% within Strain MTBC	40.0%	60.0%	100.0%
		Strain non-Beijing	Count	2	21	23
			Expected Count	3.3	19.7	23.0
			% within Strain MTBC	8.7%	91.3%	100.0%
	Total		Count	4	24	28
			Expected Count	4.0	24.0	28.0

Strain MTBC * hasil pengobatan * Status Gizi Crosstabulation

Status Gizi				hasil pengobatan		Total
				Gagal pengobatan	Sembuh	
Normal (18·5–24·9)	Total		% within Strain MTBC	14.3%	85.7%	100.0%
Lebih (>25)	Strain MTBC	Strain Beijing	Count	1	1	2
			Expected Count	.5	1.5	2.0
			% within Strain MTBC	50.0%	50.0%	100.0%
		Strain non-Beijing	Count	1	5	6
			Expected Count	1.5	4.5	6.0
			% within Strain MTBC	16.7%	83.3%	100.0%
	Total		Count	2	6	8
			Expected Count	2.0	6.0	8.0
			% within Strain MTBC	25.0%	75.0%	100.0%

Chi-Square Tests

Status Gizi		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Kurang (<18·5)	Pearson Chi-Square	1.362[a]	1	.243		
	Continuity Correction [b]	.265	1	.607		
	Likelihood Ratio	1.314	1	.252		
	Fisher's Exact Test				.523	.296
	Linear-by-Linear Association	1.290	1	.256		
	N of Valid Cases [b]	19				
Normal (18·5–24·9)	Pearson Chi-Square	3.287[c]	1	.070		
	Continuity Correction [b]	1.228	1	.268		
	Likelihood Ratio	2.646	1	.104		
	Fisher's Exact Test				.135	.135
	Linear-by-Linear Association	3.170	1	.075		
	N of Valid Cases [b]	28				
Lebih (>25)	Pearson Chi-Square	.889[d]	1	.346		
	Continuity Correction [b]	.000	1	1.000		
	Likelihood Ratio	.818	1	.366		
	Fisher's Exact Test				.464	.464
	Linear-by-Linear Association	.778	1	.378		
	N of Valid Cases [b]	8				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,11.

b. Computed only for a 2x2 table

c. 3 cells (75,0%) have expected count less than 5. The minimum expected count is ,71.

d. 4 cells (100,0%) have expected count less than 5. The minimum expected count is ,50.

Risk Estimate

Status Gizi		Value	95% Confidence Interval	
			Lower	Upper
Kurang (<18·5)	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	4.400	.319	60.614
	For cohort hasil pengobatan = Gagal pengobatan	3.429	.375	31.319
	For cohort hasil pengobatan = Sembuh	.779	.473	1.283
	N of Valid Cases	19		
Normal (18·5–24·9)	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	7.000	.700	70.045
	For cohort hasil pengobatan = Gagal pengobatan	4.600	.836	25.300
	For cohort hasil pengobatan = Sembuh	.657	.318	1.359
	N of Valid Cases	28		
Lebih (>25)	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	5.000	.150	166.589
	For cohort hasil pengobatan = Gagal pengobatan	3.000	.312	28.841
	For cohort hasil pengobatan = Sembuh	.600	.143	2.511
	N of Valid Cases	8		

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Strain MTBC * hasil pengobatan * Diabetes Melitus	55	100.0%	0	.0%	55	100.0%

Strain MTBC * hasil pengobatan * Diabetes Melitus Crosstabulation

Diabetes Melitus				hasil pengobatan		Total
				Gagal pengobatan	Sembuh	
Ya	Strain MTBC	Strain Beijing	Count	3	0	3
			Expected Count	1.2	1.8	3.0

Strain MTBC * hasil pengobatan * Diabetes Melitus Crosstabulation

Diabetes Melitus				hasil pengobatan		Total
				Gagal pengobatan	Sembuh	
Ya	Strain MTBC	Strain Beijing	% within Strain MTBC	100.0%	.0%	100.0%
		Strain non-Beijing	Count	2	8	10
			Expected Count	3.8	6.2	10.0
			% within Strain MTBC	20.0%	80.0%	100.0%
	Total		Count	5	8	13
			Expected Count	5.0	8.0	13.0
			% within Strain MTBC	38.5%	61.5%	100.0%
Tidak	Strain MTBC	Strain Beijing	Count	2	9	11
			Expected Count	1.0	10.0	11.0
			% within Strain MTBC	18.2%	81.8%	100.0%
		Strain non-Beijing	Count	2	29	31
			Expected Count	3.0	28.0	31.0
			% within Strain MTBC	6.5%	93.5%	100.0%
	Total		Count	4	38	42
			Expected Count	4.0	38.0	42.0
			% within Strain MTBC	9.5%	90.5%	100.0%

Chi-Square Tests

Diabetes Melitus		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Ya	Pearson Chi-Square	6.240[a]	1	.012		
	Continuity Correction [b]	3.318	1	.069		
	Likelihood Ratio	7.315	1	.007		
	Fisher's Exact Test				.035	.035
	Linear-by-Linear Association	5.760	1	.016		
	N of Valid Cases [b]	13				
Tidak	Pearson Chi-Square	1.296[c]	1	.255		
	Continuity Correction [b]	.293	1	.589		
	Likelihood Ratio	1.155	1	.283		
	Fisher's Exact Test				.277	.277
	Linear-by-Linear Association	1.266	1	.261		
	N of Valid Cases [b]	42				

a. 3 cells (75,0%) have expected count less than 5. The minimum expected count is 1,15.

b. Computed only for a 2x2 table

c. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,05.

Risk Estimate

Diabetes Melitus		Value	95% Confidence Interval	
			Lower	Upper
Ya	For cohort hasil pengobatan = Gagal pengobatan	5.000	1.448	17.271
	N of Valid Cases	13		
Tidak	For cohort hasil pengobatan = Gagal pengobatan	2.818	.450	17.662
	N of Valid Cases	42		
	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	3.222	.395	26.255
	For cohort hasil pengobatan = Sembuh	.875	.652	1.173

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Strain MTBC * hasil pengobatan * lesi paru hasil radiologi	55	100.0%	0	.0%	55	100.0%

Strain MTBC * hasil pengobatan * lesi paru hasil radiologi Crosstabulation

lesi paru hasil radiologi				hasil pengobatan		Total
				Gagal pengobatan	Sembuh	
Ya	Strain MTBC	Strain Beijing	Count	2	4	6
			Expected Count	.8	5.2	6.0
			% within Strain MTBC	33.3%	66.7%	100.0%
		Strain non-Beijing	Count	2	24	26
			Expected Count	3.2	22.8	26.0
			% within Strain MTBC	7.7%	92.3%	100.0%
	Total		Count	4	28	32
			Expected Count	4.0	28.0	32.0
			% within Strain MTBC	12.5%	87.5%	100.0%
Tidak	Strain MTBC	Strain Beijing	Count	3	5	8
			Expected Count	1.7	6.3	8.0
			% within Strain MTBC	37.5%	62.5%	100.0%

Strain MTBC * hasil pengobatan * lesi paru hasil radiologi Crosstabulation

lesi paru hasil radiologi				hasil pengobatan		
				Gagal pengobatan	Sembuh	Total
Tidak	Strain MTBC	Strain non-Beijing	Count	2	13	15
			Expected Count	3.3	11.7	15.0
			% within Strain MTBC	13.3%	86.7%	100.0%
	Total		Count	5	18	23
			Expected Count	5.0	18.0	23.0
			% within Strain MTBC	21.7%	78.3%	100.0%

Chi-Square Tests

lesi paru hasil radiologi		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Ya	Pearson Chi-Square	2.930[a]	1	.087		
	Continuity Correction [b]	1.055	1	.304		
	Likelihood Ratio	2.373	1	.123		
	Fisher's Exact Test				.150	.150
	Linear-by-Linear Association	2.839	1	.092		
	N of Valid Cases [b]	32				
Tidak	Pearson Chi-Square	1.791[c]	1	.181		
	Continuity Correction [b]	.652	1	.419		
	Likelihood Ratio	1.720	1	.190		
	Fisher's Exact Test				.297	.208
	Linear-by-Linear Association	1.713	1	.191		
	N of Valid Cases [b]	23				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,75.

b. Computed only for a 2x2 table

c. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,74.

Risk Estimate

lesi paru hasil radiologi		Value	95% Confidence Interval	
			Lower	Upper
Ya	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	6.000	.647	55.661
	For cohort hasil pengobatan = Gagal pengobatan	4.333	.755	24.872
	For cohort hasil pengobatan = Sembuh	.722	.406	1.286
	N of Valid Cases	32		

Risk Estimate

lesi paru hasil radiologi		Value	95% Confidence Interval	
			Lower	Upper
Tidak	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	3.900	.494	30.758
	For cohort hasil pengobatan = Gagal pengobatan	2.812	.585	13.519
	For cohort hasil pengobatan = Sembuh	.721	.407	1.278
	N of Valid Cases	23		

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Strain MTBC * hasil pengobatan * Status anemia	55	100.0%	0	.0%	55	100.0%

Strain MTBC * hasil pengobatan * Status anemia Crosstabulation

Status anemia				hasil pengobatan		Total
				Gagal pengobatan	Sembuh	
Ya	Strain MTBC	Strain Beijing	Count	3	1	4
			Expected Count	1.3	2.7	4.0
			% within Strain MTBC	75.0%	25.0%	100.0%
		Strain non-Beijing	Count	3	11	14
			Expected Count	4.7	9.3	14.0
			% within Strain MTBC	21.4%	78.6%	100.0%
	Total		Count	6	12	18
			Expected Count	6.0	12.0	18.0
			% within Strain MTBC	33.3%	66.7%	100.0%
tidak	Strain MTBC	Strain Beijing	Count	2	8	10
			Expected Count	.8	9.2	10.0
			% within Strain MTBC	20.0%	80.0%	100.0%
		Strain non-Beijing	Count	1	26	27
			Expected Count	2.2	24.8	27.0
			% within Strain MTBC	3.7%	96.3%	100.0%

Strain MTBC * hasil pengobatan * Status anemia Crosstabulation

Status anemia			hasil pengobatan		Total
			Gagal pengobatan	Sembuh	
tidak	Total	Count	3	34	37
		Expected Count	3.0	34.0	37.0
		% within Strain MTBC	8.1%	91.9%	100.0%

Chi-Square Tests

Status anemia		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Ya	Pearson Chi-Square	4.018[a]	1	.045		
	Continuity Correction [b]	1.969	1	.161		
	Likelihood Ratio	3.868	1	.049		
	Fisher's Exact Test				.083	.083
	Linear-by-Linear Association	3.795	1	.051		
	N of Valid Cases [b]	18				
tidak	Pearson Chi-Square	2.601[c]	1	.107		
	Continuity Correction [b]	.874	1	.350		
	Likelihood Ratio	2.262	1	.133		
	Fisher's Exact Test				.172	.172
	Linear-by-Linear Association	2.531	1	.112		
	N of Valid Cases [b]	37				

a. 3 cells (75,0%) have expected count less than 5. The minimum expected count is 1,33.

b. Computed only for a 2x2 table

c. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,81.

Risk Estimate

Status anemia		Value	95% Confidence Interval	
			Lower	Upper
Ya	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	11.000	.818	147.864
	For cohort hasil pengobatan = Gagal pengobatan	3.500	1.106	11.072
	For cohort hasil pengobatan = Sembuh	.318	.057	1.776
	N of Valid Cases	18		
tidak	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	6.500	.519	81.424

Risk Estimate

Status anemia		Value	95% Confidence Interval	
			Lower	Upper
tidak	For cohort hasil pengobatan = Gagal pengobatan	5.400	.548	53.228
	For cohort hasil pengobatan = Sembuh	.831	.604	1.142
	N of Valid Cases	37		

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Strain MTBC * hasil pengobatan * leukositosis	55	100.0%	0	.0%	55	100.0%

Strain MTBC * hasil pengobatan * leukositosis Crosstabulation

leukositosis				hasil pengobatan		Total
				Gagal pengobatan	Sembuh	
ya	Strain MTBC	Strain Beijing	Count	1	2	3
			Expected Count	.4	2.6	3.0
			% within Strain MTBC	33.3%	66.7%	100.0%
		Strain non-Beijing	Count	2	17	19
			Expected Count	2.6	16.4	19.0
			% within Strain MTBC	10.5%	89.5%	100.0%
	Total		Count	3	19	22
			Expected Count	3.0	19.0	22.0
			% within Strain MTBC	13.6%	86.4%	100.0%
tidak	Strain MTBC	Strain Beijing	Count	4	7	11
			Expected Count	2.0	9.0	11.0
			% within Strain MTBC	36.4%	63.6%	100.0%
		Strain non-Beijing	Count	2	20	22
			Expected Count	4.0	18.0	22.0
			% within Strain MTBC	9.1%	90.9%	100.0%
	Total		Count	6	27	33
			Expected Count	6.0	27.0	33.0
			% within Strain MTBC	18.2%	81.8%	100.0%

Chi-Square Tests

leukositosis		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
ya	Pearson Chi-Square	1.144[a]	1	.285		
	Continuity Correction [b]	.027	1	.869		
	Likelihood Ratio	.920	1	.338		
	Fisher's Exact Test				.371	.371
	Linear-by-Linear Association	1.092	1	.296		
	N of Valid Cases [b]	22				
tidak	Pearson Chi-Square	3.667[c]	1	.056		
	Continuity Correction [b]	2.062	1	.151		
	Likelihood Ratio	3.469	1	.063		
	Fisher's Exact Test				.146	.078
	Linear-by-Linear Association	3.556	1	.059		
	N of Valid Cases [b]	33				

a. 3 cells (75,0%) have expected count less than 5. The minimum expected count is ,41.

b. Computed only for a 2x2 table

c. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,00.

Risk Estimate

leukositosis		Value	95% Confidence Interval	
			Lower	Upper
ya	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	4.250	.255	70.753
	For cohort hasil pengobatan = Gagal pengobatan	3.167	.400	25.063
	For cohort hasil pengobatan = Sembuh	.745	.330	1.683
	N of Valid Cases	22		
tidak	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	5.714	.852	38.325
	For cohort hasil pengobatan = Gagal pengobatan	4.000	.862	18.572
	For cohort hasil pengobatan = Sembuh	.700	.439	1.115
	N of Valid Cases	33		

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Strain MTBC * hasil pengobatan * neutrofilia	55	100.0%	0	.0%	55	100.0%

Strain MTBC * hasil pengobatan * neutrofilia Crosstabulation

neutrofilia				hasil pengobatan		Total
				Gagal pengobatan	Sembuh	
Ya	Strain MTBC	Strain Beijing	Count	3	4	7
			Expected Count	1.7	5.3	7.0
			% within Strain MTBC	42.9%	57.1%	100.0%
		Strain non-Beijing	Count	3	15	18
			Expected Count	4.3	13.7	18.0
			% within Strain MTBC	16.7%	83.3%	100.0%
	Total		Count	6	19	25
			Expected Count	6.0	19.0	25.0
			% within Strain MTBC	24.0%	76.0%	100.0%
tidak	Strain MTBC	Strain Beijing	Count	2	5	7
			Expected Count	.7	6.3	7.0
			% within Strain MTBC	28.6%	71.4%	100.0%
		Strain non-Beijing	Count	1	22	23
			Expected Count	2.3	20.7	23.0
			% within Strain MTBC	4.3%	95.7%	100.0%
	Total		Count	3	27	30
			Expected Count	3.0	27.0	30.0
			% within Strain MTBC	10.0%	90.0%	100.0%

Chi-Square Tests

neutrofilia		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Ya	Pearson Chi-Square	1.895[a]	1	.169		
	Continuity Correction [b]	.731	1	.392		
	Likelihood Ratio	1.773	1	.183		
	Fisher's Exact Test				.298	.194
	Linear-by-Linear Association	1.820	1	.177		
	N of Valid Cases [b]	25				
tidak	Pearson Chi-Square	3.499[c]	1	.061		

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,68.

b. Computed only for a 2x2 table

c. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,70.

Chi-Square Tests

neutrofilia		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
tidak	Continuity Correction [b]	1.325	1	.250		
	Likelihood Ratio	2.902	1	.088		
	Fisher's Exact Test				.128	.128
	Linear-by-Linear Association	3.382	1	.066		
	N of Valid Cases [b]	30				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,68.

b. Computed only for a 2x2 table

c. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,70.

Risk Estimate

neutrofilia		Value	95% Confidence Interval	
			Lower	Upper
Ya	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	3.750	.537	26.188
	For cohort hasil pengobatan = Gagal pengobatan	2.571	.673	9.832
	For cohort hasil pengobatan = Sembuh	.686	.349	1.345
	N of Valid Cases	25		
tidak	Odds Ratio for Strain MTBC (Strain Beijing / Strain non-Beijing)	8.800	.661	117.234

Risk Estimate

neutrofilia		Value	95% Confidence Interval	
			Lower	Upper
tidak	For cohort hasil pengobatan = Gagal pengobatan	6.571	.695	62.125
	For cohort hasil pengobatan = Sembuh	.747	.464	1.203
	N of Valid Cases	30		

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Status gizi 1 * hasil pengobatan	47	100.0%	0	.0%	47	100.0%

Status gizi 1 * hasil pengobatan Crosstabulation

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
Status gizi 1	Kurang	Count	3	16	19
		Expected Count	2.8	16.2	19.0
		% within Status gizi 1	15.8%	84.2%	100.0%
	Normal	Count	4	24	28
		Expected Count	4.2	23.8	28.0
		% within Status gizi 1	14.3%	85.7%	100.0%
Total		Count	7	40	47
		Expected Count	7.0	40.0	47.0
		% within Status gizi 1	14.9%	85.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.020[a]	1	.887		
Continuity Correction [b]	.000	1	1.000		
Likelihood Ratio	.020	1	.887		
Fisher's Exact Test				1.000	.600
Linear-by-Linear Association	.020	1	.888		
N of Valid Cases [b]	47				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,83.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Status gizi 1 (Kurang / Normal)	1.125	.221	5.714
For cohort hasil pengobatan = Gagal pengobatan	1.105	.278	4.389
For cohort hasil pengobatan = Sembuh	.982	.768	1.257
N of Valid Cases	47		

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Status Gizi * hasil pengobatan	36	100.0%	0	.0%	36	100.0%

Status Gizi * hasil pengobatan Crosstabulation

			hasil pengobatan		
			Gagal pengobatan	Sembuh	Total
Status Gizi	Normal (18·5–24·9)	Count	4	24	28
		Expected Count	4.7	23.3	28.0
		% within Status Gizi	14.3%	85.7%	100.0%
	Lebih (>25)	Count	2	6	8
		Expected Count	1.3	6.7	8.0
		% within Status Gizi	25.0%	75.0%	100.0%
Total		Count	6	30	36
		Expected Count	6.0	30.0	36.0
		% within Status Gizi	16.7%	83.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.514[a]	1	.473		
Continuity Correction [b]	.032	1	.858		
Likelihood Ratio	.477	1	.490		
Fisher's Exact Test				.596	.403
Linear-by-Linear Association	.500	1	.480		
N of Valid Cases [b]	36				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,33.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Status Gizi (Normal (18·5–24·9) / Lebih (>25))	.500	.073	3.406
For cohort hasil pengobatan = Gagal pengobatan	.571	.127	2.573
For cohort hasil pengobatan = Sembuh	1.143	.745	1.753
N of Valid Cases	36		

Kaplan-Meier

Case Processing Summary

Total N	N of Events	Censored	
		N	Percent
55	9	46	83.6%

Survival Table

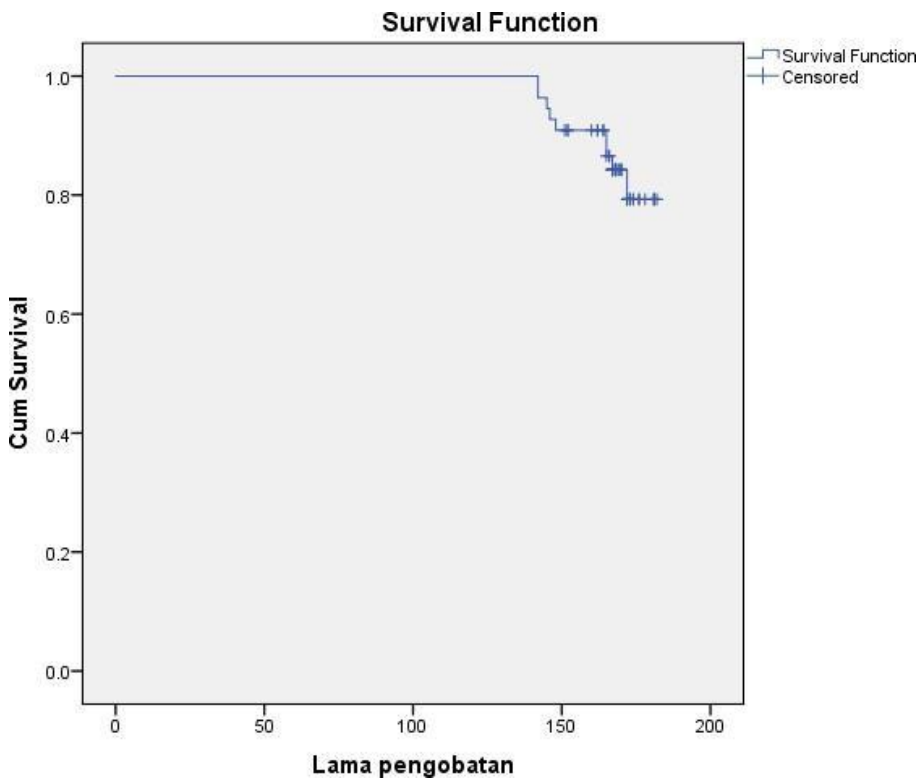
	Time	Status	Cumulative Proportion Surviving at the Time		N of Cumulative Events	N of Remaining Cases
			Estimate	Std. Error		
1	142.000	Gagal pengobatan	.	.	1	54
2	142.000	Gagal pengobatan	.964	.025	2	53
3	145.000	Gagal pengobatan	.945	.031	3	52
4	146.000	Gagal pengobatan	.927	.035	4	51
5	148.000	Gagal pengobatan	.909	.039	5	50
6	151.000	Sembuh	.	.	5	49
7	152.000	Sembuh	.	.	5	48
8	152.000	Sembuh	.	.	5	47
9	160.000	Sembuh	.	.	5	46
10	162.000	Sembuh	.	.	5	45
11	162.000	Sembuh	.	.	5	44
12	164.000	Sembuh	.	.	5	43
13	164.000	Sembuh	.	.	5	42
14	165.000	Gagal pengobatan	.	.	6	41
15	165.000	Gagal pengobatan	.866	.047	7	40
16	165.000	Sembuh	.	.	7	39
17	166.000	Sembuh	.	.	7	38
18	166.000	Sembuh	.	.	7	37
19	167.000	Gagal pengobatan	.842	.052	8	36
20	167.000	Sembuh	.	.	8	35
21	167.000	Sembuh	.	.	8	34
22	167.000	Sembuh	.	.	8	33
23	167.000	Sembuh	.	.	8	32
24	167.000	Sembuh	.	.	8	31
25	167.000	Sembuh	.	.	8	30

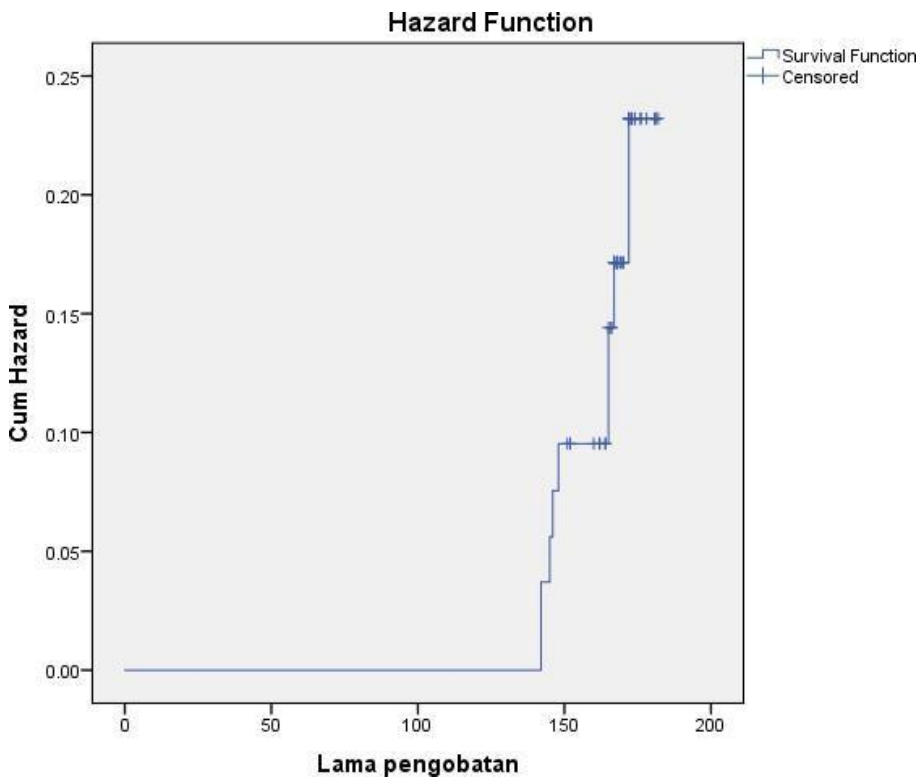
26	167.000	Sembuh	.	.	8	29
27	167.000	Sembuh	.	.	8	28
28	168.000	Sembuh	.	.	8	27
29	168.000	Sembuh	.	.	8	26
30	168.000	Sembuh	.	.	8	25
31	168.000	Sembuh	.	.	8	24
32	168.000	Sembuh	.	.	8	23
33	168.000	Sembuh	.	.	8	22
34	169.000	Sembuh	.	.	8	21
35	169.000	Sembuh	.	.	8	20
36	170.000	Sembuh	.	.	8	19
37	170.000	Sembuh	.	.	8	18
38	170.000	Sembuh	.	.	8	17
39	172.000	Gagal pengobatan	.793	.068	9	16
40	172.000	Sembuh	.	.	9	15
41	172.000	Sembuh	.	.	9	14
42	172.000	Sembuh	.	.	9	13
43	172.000	Sembuh	.	.	9	12
44	173.000	Sembuh	.	.	9	11
45	173.000	Sembuh	.	.	9	10
46	173.000	Sembuh	.	.	9	9
47	174.000	Sembuh	.	.	9	8
48	174.000	Sembuh	.	.	9	7
49	176.000	Sembuh	.	.	9	6
50	176.000	Sembuh	.	.	9	5
51	178.000	Sembuh	.	.	9	4
52	181.000	Sembuh	.	.	9	3
53	181.000	Sembuh	.	.	9	2
54	181.000	Sembuh	.	.	9	1
55	182.000	Sembuh	.	.	9	0

Means and Medians for Survival Time

Mean[a]				Median			
		95% Confidence Interval				95% Confidence Interval	
Estimate	Std. Error	Lower Bound	Upper Bound	Estimate	Std. Error	Lower Bound	Upper Bound
177.018	1.578	173.924	180.111	.	.	.	.

a. Estimation is limited to the largest survival time if it is censored.





Kaplan-Meier

Case Processing Summary

Strain MTBC	Total N	N of Events	Censored	
			N	Percent
Strain Beijing	14	5	9	64.3%
Strain non-Beijing	41	4	37	90.2%
Overall	55	9	46	83.6%

Survival Table

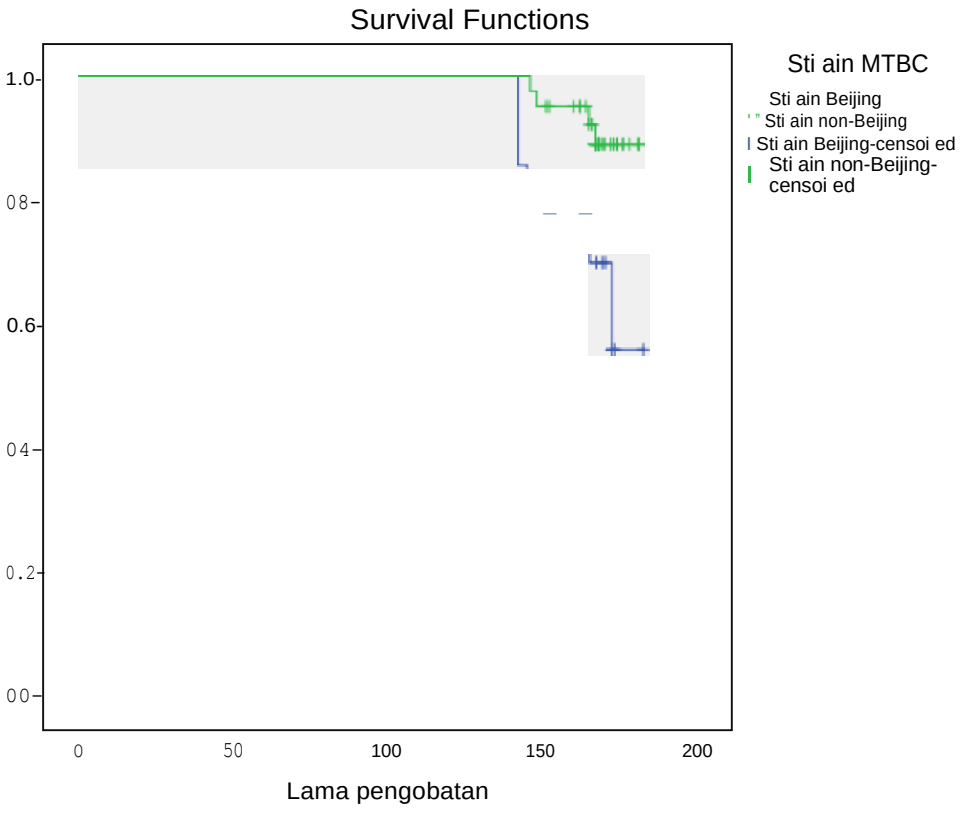
Strain MTBC		Time	Status	Cumulative Proportion Surviving at the Time		N of Cumulative Events	N of Remaining Cases
				Estimate	Std. Error		
Strain Beijing	1	142.000	Gagal pengobatan	.	.	1	13
	2	142.000	Gagal pengobatan	.857	.094	2	12
	3	145.000	Gagal pengobatan	.786	.110	3	11
	4	152.000	Sembuh	.	.	3	10
	5	164.000	Sembuh	.	.	3	9
	6	165.000	Gagal pengobatan	.698	.128	4	8
	7	167.000	Sembuh	.	.	4	7
	8	169.000	Sembuh	.	.	4	6
	9	170.000	Sembuh	.	.	4	5
	10	172.000	Gagal pengobatan	.559	.161	5	4
	11	172.000	Sembuh	.	.	5	3
	12	172.000	Sembuh	.	.	5	2
	13	173.000	Sembuh	.	.	5	1
	14	182.000	Sembuh	.	.	5	0
Strain non-Beijing	1	146.000	Gagal pengobatan	.976	.024	1	40

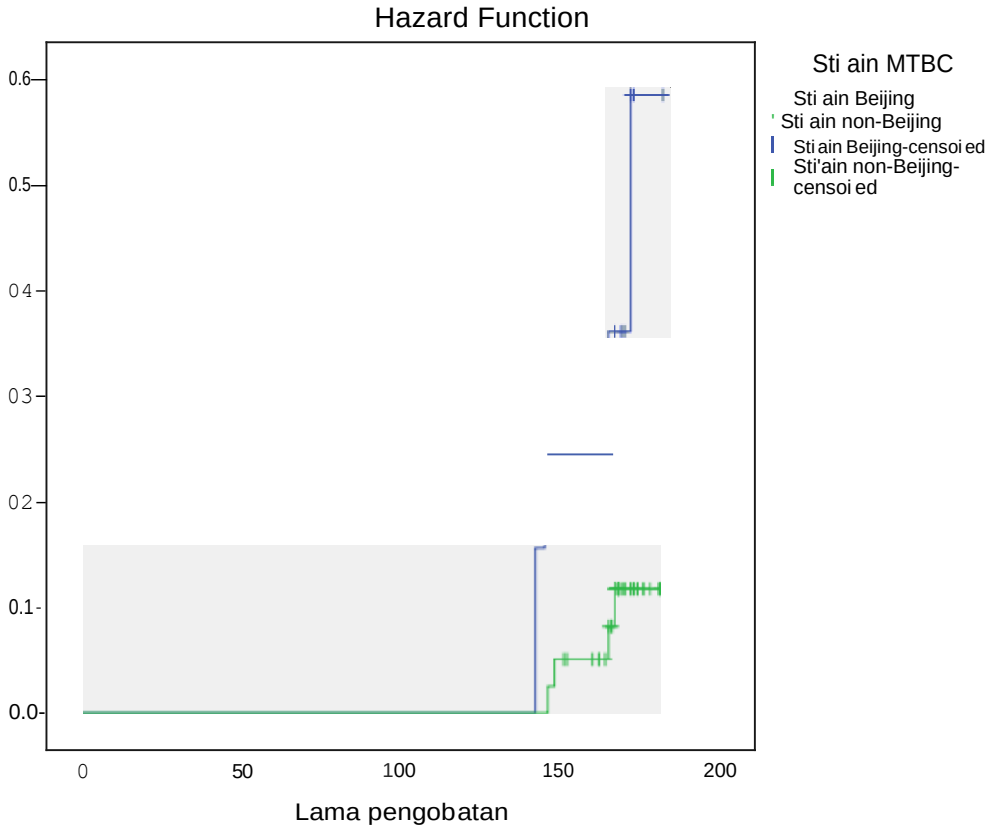
	2	148.000	Gagal pengobatan	.951	.034	2	39
	3	151.000	Sembuh	.	.	2	38
	4	152.000	Sembuh	.	.	2	37
	5	160.000	Sembuh	.	.	2	36
	6	162.000	Sembuh	.	.	2	35
	7	162.000	Sembuh	.	.	2	34
	8	164.000	Sembuh	.	.	2	33
	9	165.000	Gagal pengobatan	.922	.043	3	32
	10	165.000	Sembuh	.	.	3	31
	11	166.000	Sembuh	.	.	3	30
	12	166.000	Sembuh	.	.	3	29
	13	167.000	Gagal pengobatan	.891	.052	4	28
	14	167.000	Sembuh	.	.	4	27
	15	167.000	Sembuh	.	.	4	26
	16	167.000	Sembuh	.	.	4	25
	17	167.000	Sembuh	.	.	4	24
	18	167.000	Sembuh	.	.	4	23
	19	167.000	Sembuh	.	.	4	22
	20	167.000	Sembuh	.	.	4	21
	21	168.000	Sembuh	.	.	4	20
	22	168.000	Sembuh	.	.	4	19
	23	168.000	Sembuh	.	.	4	18
	24	168.000	Sembuh	.	.	4	17
	25	168.000	Sembuh	.	.	4	16
	26	168.000	Sembuh	.	.	4	15
	27	169.000	Sembuh	.	.	4	14
	28	170.000	Sembuh	.	.	4	13
	29	170.000	Sembuh	.	.	4	12
	30	172.000	Sembuh	.	.	4	11
	31	172.000	Sembuh	.	.	4	10
	32	173.000	Sembuh	.	.	4	9
	33	173.000	Sembuh	.	.	4	8
	34	174.000	Sembuh	.	.	4	7
	35	174.000	Sembuh	.	.	4	6
	36	176.000	Sembuh	.	.	4	5
	37	176.000	Sembuh	.	.	4	4
	38	178.000	Sembuh	.	.	4	3
	39	181.000	Sembuh	.	.	4	2
	40	181.000	Sembuh	.	.	4	1
	41	181.000	Sembuh	.	.	4	0

Means and Medians for Survival Time

	Mean[a]				Median			
			95% Confidence Interval				95% Confidence Interval	
Strain MTBC	Estimate	Std. Error	Lower Bound	Upper Bound	Estimate	Std. Error	Lower Bound	Upper Bound
Strain Beijing	170.762	4.258	162.416	179.107	.	.	.	.
Strain non-Beijing	178.435	1.274	175.938	180.932	.	.	.	.
Overall	177.018	1.578	173.924	180.111	.	.	.	.

a. Estimation is limited to the largest survival time if it is censored.


Survival Functions
1.0
08
0.6
04
0.2
00
0
50
100
150
200
Lama pengobatan
Sti ain MTBC
Sti ain Beijing
Sti ain non-Beijing
Sti ain Beijing-censoi ed
Sti ain non-Beijing-censoi ed


Hazard Function
0.6
0.5
04
03
02
0.1
0.0
0
50
100
150
200
Lama pengobatan
Sti ain MTBC
Sti ain Beijing
Sti ain non-Beijing
Sti ain Beijing-censoi ed
Sti'ain non-Beijing-censoi ed

Cox Regression

Case Processing Summary

		N	Percent
Cases available in analysis	Event[a]	9	16.4%
	Censored	46	83.6%
	Total	55	100.0%
Cases dropped	Cases with missing values	0	0.0%
	Cases with negative time	0	0.0%
	Censored cases before the earliest event in a stratum	0	0.0%
	Total	0	0.0%
Total		55	100.0%

a. Dependent Variable: Lama pengobatan

Categorical Variable Codings[a]

		Frequency	(1)
Strain MTBC[b]	1=Strain Beijing	14	1
	2=Strain non-Beijing	41	0

a. Category variable: Strain MTBC (Strain_MTBC)
b. Indicator Parameter Coding

Block 0: Beginning Block

Omnibus Tests of Model Coefficients

-2 Log Likelihood
67.575

Block 1: Method = Enter

Omnibus Tests of Model Coefficients[a]

	Overall (score)			Change From Previous Step			Change From Previous Block		
-2 Log Likelihood	Chi-square	df	Sig.	Chi-square	df	Sig.	Chi-square	df	Sig.
63.247	5.236	1	.022	4.328	1	.038	4.328	1	.038

a. Beginning Block Number 1. Method = Enter

Variables in the Equation

	B	SE	Wald	df	Sig.	Exp(B)	95,0% CI for Exp(B)	
							Lower	Upper
Strain MTBC	1.419	.672	4.450	1	.035	4.131	1.106	15.435

Survival Table

Time	Baseline Cum Hazard	At mean of covariates		
		Survival	SE	Cum Hazard
142	.021	.970	.021	.030
145	.032	.955	.026	.047
146	.044	.939	.031	.063
148	.056	.923	.035	.080
165	.085	.885	.045	.123
167	.102	.864	.050	.146
172	.134	.825	.064	.193

Covariate Means

	Mean
Strain MTBC	.255

Cox Regression

Case Processing Summary

		N	Percent
Cases available in analysis	Event[a]	9	16.4%
	Censored	46	83.6%
	Total	55	100.0%
Cases dropped	Cases with missing values	0	0.0%
	Cases with negative time	0	0.0%
	Censored cases before the earliest event in a stratum	0	0.0%
	Total	0	0.0%
Total		55	100.0%

a. Dependent Variable: Lama pengobatan

Categorical Variable Codings[a,c,d,e,f,g,h]

		Frequency	(1)	(2)
Status Gizi[b]	1=Kurang (<18·5)	19	1	0
	2=Normal (18·5–24·9)	28	0	1
	3=Lebih (>25)	8	0	0
Diabetes Melitus[b]	1=Ya	13	1	
	2=Tidak	42	0	
lesi paru hasil radiologi[b]	1=Ya	32	1	
	2=Tidak	23	0	
Status anemia[b]	1=Ya	18	1	
	2=tidak	37	0	
leukositosis[b]	1=ya	22	1	
	2=tidak	33	0	
neutrofilia[b]	1=Ya	25	1	
	2=tidak	30	0	
Strain MTBC[b]	1=Strain Beijing	14	1	
	2=Strain non-Beijing	41	0	

a. Category variable: Status Gizi (Status_Gizi)
b. Indicator Parameter Coding
c. Category variable: Diabetes Melitus (Status_DM)
d. Category variable: lesi paru hasil radiologi (Lesi_pada_Torax_dada)
e. Category variable: Status anemia (status_anemia)
f. Category variable: leukositosis (leukositosis)
g. Category variable: neutrofilia (neutrofilia)
h. Category variable: Strain MTBC (Strain_MTBC)

Block 0: Beginning Block

Omnibus Tests of Model Coefficients

-2 Log Likelihood
67.575

Block 1: Method = Enter

Omnibus Tests of Model Coefficients[a]

	Overall (score)			Change From Previous Step			Change From Previous Block		
-2 Log Likelihood	Chi-square	df	Sig.	Chi-square	df	Sig.	Chi-square	df	Sig.
50.785	18.894	8	.015	16.790	8	.032	16.790	8	.032

a. Beginning Block Number 1. Method = Enter

Variables in the Equation

	B	SE	Wald	df	Sig.	Exp(B)	95,0% CI for Exp(B)	
							Lower	Upper
Status Gizi			2.583	2	.275			
Status Gizi(1)	-.483	1.050	.212	1	.645	.617	.079	4.828
Status Gizi(2)	-2.066	1.358	2.315	1	.128	.127	.009	1.813
Diabetes Melitus	2.298	1.066	4.646	1	.031	9.955	1.232	80.461
lesi paru hasil radiologi	.841	1.123	.561	1	.454	2.319	.257	20.946
Status anemia	2.186	1.092	4.009	1	.045	8.897	1.047	75.583
leukositosis	-.760	1.117	.463	1	.496	.468	.052	4.172
neutrofilia	-.408	1.058	.148	1	.700	.665	.084	5.296
Strain MTBC	1.824	.921	3.923	1	.048	6.198	1.019	37.685

Covariate Means

	Mean
Status Gizi(1)	.345
Status Gizi(2)	.509
Diabetes Melitus	.236
lesi paru hasil radiologi	.582
Status anemia	.327
leukositosis	.400
neutrofilia	.455
Strain MTBC	.255

Kaplan-Meier

Case Processing Summary

			Censored	
Diabetes Melitus	Total N	N of Events	N	Percent
Ya	13	5	8	61.5%
Tidak	42	4	38	90.5%
Overall	55	9	46	83.6%

Survival Table

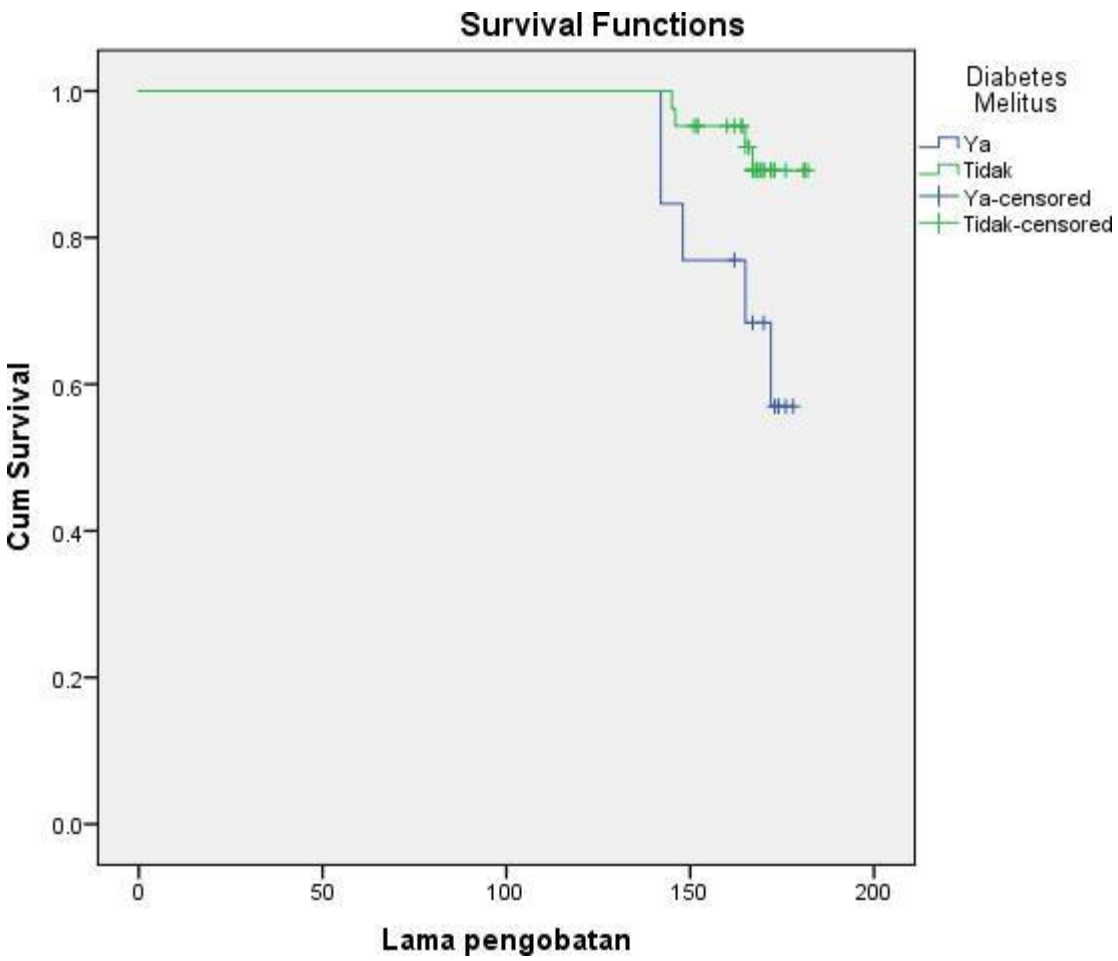
Diabetes Melitus		Time	Status	Cumulative Proportion Surviving at the Time		N of Cumulative Events	N of Remaining Cases
				Estimate	Std. Error		
Ya	1	142.000	Gagal pengobatan	.	.	1	12
	2	142.000	Gagal pengobatan	.846	.100	2	11
	3	148.000	Gagal pengobatan	.769	.117	3	10
	4	162.000	Sembuh	.	.	3	9
	5	165.000	Gagal pengobatan	.684	.131	4	8
	6	167.000	Sembuh	.	.	4	7
	7	170.000	Sembuh	.	.	4	6
	8	172.000	Gagal pengobatan	.570	.151	5	5
	9	173.000	Sembuh	.	.	5	4
	10	174.000	Sembuh	.	.	5	3
	11	174.000	Sembuh	.	.	5	2
	12	176.000	Sembuh	.	.	5	1
	13	178.000	Sembuh	.	.	5	0
Tidak	1	145.000	Gagal pengobatan	.976	.024	1	41
	2	146.000	Gagal pengobatan	.952	.033	2	40
	3	151.000	Sembuh	.	.	2	39
	4	152.000	Sembuh	.	.	2	38
	5	152.000	Sembuh	.	.	2	37
	6	160.000	Sembuh	.	.	2	36
	7	162.000	Sembuh	.	.	2	35
	8	164.000	Sembuh	.	.	2	34
	9	164.000	Sembuh	.	.	2	33
	10	165.000	Gagal pengobatan	.924	.043	3	32
	11	165.000	Sembuh	.	.	3	31
	12	166.000	Sembuh	.	.	3	30
	13	166.000	Sembuh	.	.	3	29
	14	167.000	Gagal pengobatan	.892	.052	4	28
	15	167.000	Sembuh	.	.	4	27
	16	167.000	Sembuh	.	.	4	26
	17	167.000	Sembuh	.	.	4	25
	18	167.000	Sembuh	.	.	4	24
	19	167.000	Sembuh	.	.	4	23
	20	167.000	Sembuh	.	.	4	22
	21	167.000	Sembuh	.	.	4	21
	22	168.000	Sembuh	.	.	4	20
	23	168.000	Sembuh	.	.	4	19
	24	168.000	Sembuh	.	.	4	18
	25	168.000	Sembuh	.	.	4	17
	26	168.000	Sembuh	.	.	4	16
	27	168.000	Sembuh	.	.	4	15
	28	169.000	Sembuh	.	.	4	14
	29	169.000	Sembuh	.	.	4	13
	30	170.000	Sembuh	.	.	4	12
	31	170.000	Sembuh	.	.	4	11
	32	172.000	Sembuh	.	.	4	10
	33	172.000	Sembuh	.	.	4	9
	34	172.000	Sembuh	.	.	4	8

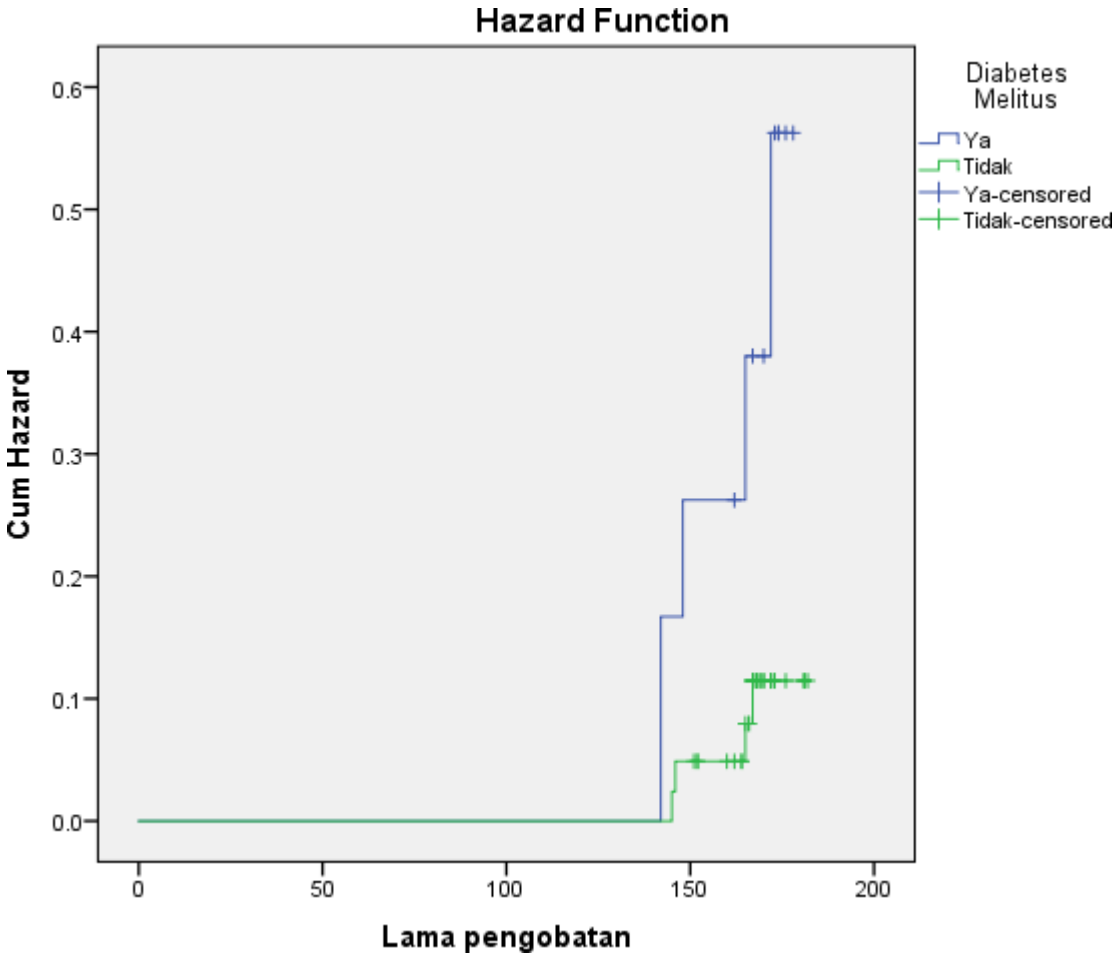
35	172.000	Sembuh	.	.	4	7
36	173.000	Sembuh	.	.	4	6
37	173.000	Sembuh	.	.	4	5
38	176.000	Sembuh	.	.	4	4
39	181.000	Sembuh	.	.	4	3
40	181.000	Sembuh	.	.	4	2
41	181.000	Sembuh	.	.	4	1
42	182.000	Sembuh	.	.	4	0

Means and Medians for Survival Time

	Mean[a]				Median			
			95% Confidence Interval				95% Confidence Interval	
Diabetes Melitus	Estimate	Std. Error	Lower Bound	Upper Bound	Estimate	Std. Error	Lower Bound	Upper Bound
Ya	168.359	3.894	160.728	175.990	.	.	.	.
Tidak	179.294	1.341	176.664	181.923	.	.	.	.
Overall	177.018	1.578	173.924	180.111	.	.	.	.

a. Estimation is limited to the largest survival time if it is censored.





Kaplan-Meier

Case Processing Summary

Status anemia	Total N	N of Events	Censored	
			N	Percent
Ya	18	6	12	66.7%
tidak	37	3	34	91.9%
Overall	55	9	46	83.6%

Survival Table

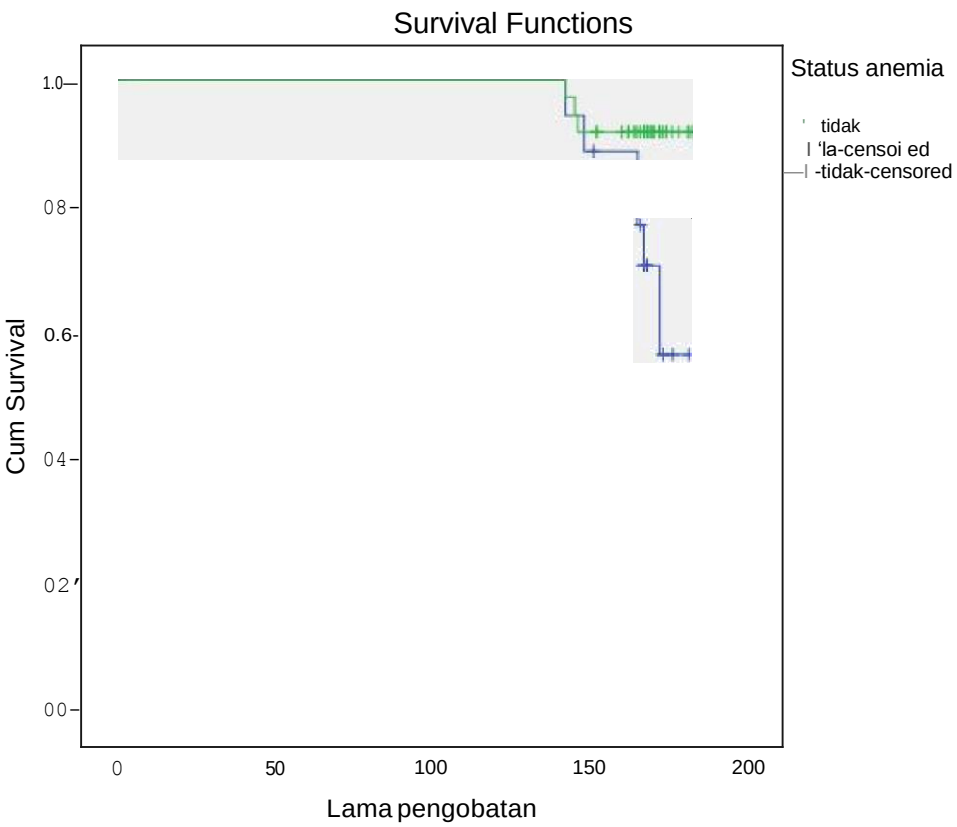
Status anemia		Time	Status	Cumulative Proportion Surviving at the Time		N of Cumulative Events	N of Remaining Cases
				Estimate	Std. Error		
Ya	1	142.000	Gagal pengobatan	.944	.054	1	17
	2	148.000	Gagal pengobatan	.889	.074	2	16
	3	151.000	Sembuh	.	.	2	15
	4	165.000	Gagal pengobatan	.	.	3	14
	5	165.000	Gagal pengobatan	.770	.101	4	13
	6	166.000	Sembuh	.	.	4	12
	7	167.000	Gagal pengobatan	.706	.111	5	11
	8	167.000	Sembuh	.	.	5	10
	9	167.000	Sembuh	.	.	5	9

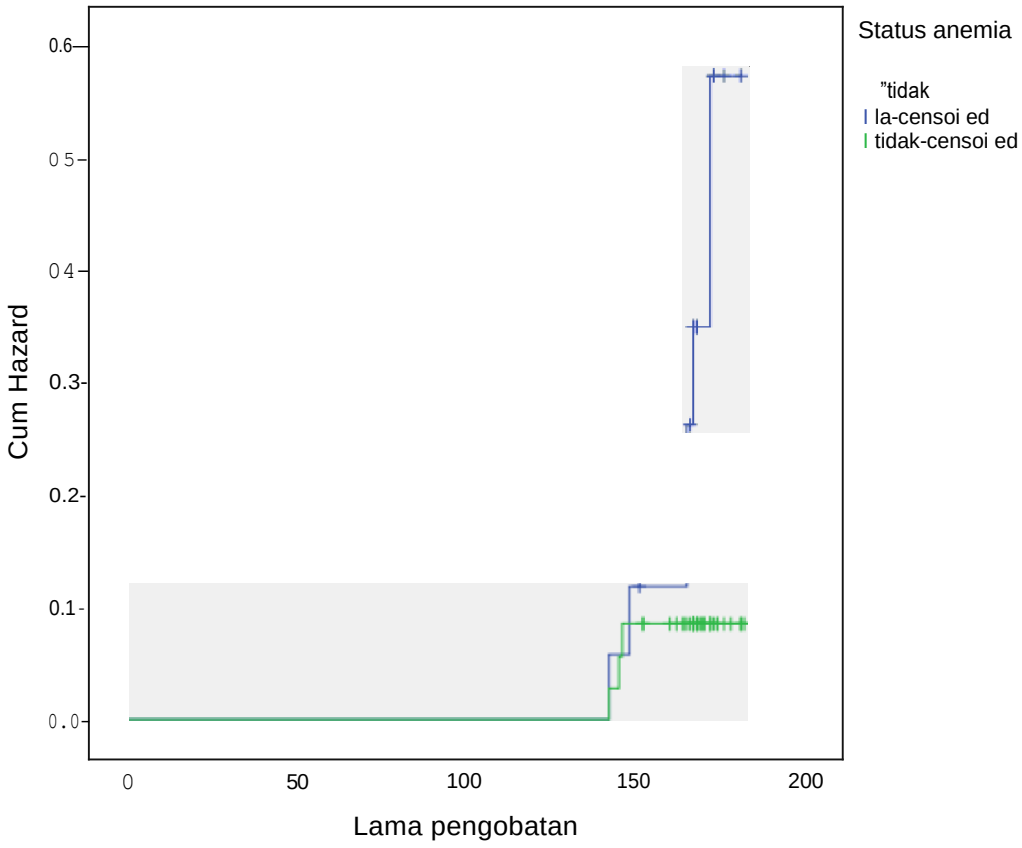
	10	167.000	Sembuh	.	.	5	8
	11	168.000	Sembuh	.	.	5	7
	12	168.000	Sembuh	.	.	5	6
	13	168.000	Sembuh	.	.	5	5
	14	172.000	Gagal pengobatan	.565	.154	6	4
	15	173.000	Sembuh	.	.	6	3
	16	173.000	Sembuh	.	.	6	2
	17	176.000	Sembuh	.	.	6	1
	18	181.000	Sembuh	.	.	6	0
tidak	1	142.000	Gagal pengobatan	.973	.027	1	36
	2	145.000	Gagal pengobatan	.946	.037	2	35
	3	146.000	Gagal pengobatan	.919	.045	3	34
	4	152.000	Sembuh	.	.	3	33
	5	152.000	Sembuh	.	.	3	32
	6	160.000	Sembuh	.	.	3	31
	7	162.000	Sembuh	.	.	3	30
	8	162.000	Sembuh	.	.	3	29
	9	164.000	Sembuh	.	.	3	28
	10	164.000	Sembuh	.	.	3	27
	11	165.000	Sembuh	.	.	3	26
	12	166.000	Sembuh	.	.	3	25
	13	167.000	Sembuh	.	.	3	24
	14	167.000	Sembuh	.	.	3	23
	15	167.000	Sembuh	.	.	3	22
	16	167.000	Sembuh	.	.	3	21
	17	167.000	Sembuh	.	.	3	20
	18	168.000	Sembuh	.	.	3	19
	19	168.000	Sembuh	.	.	3	18
	20	168.000	Sembuh	.	.	3	17
	21	169.000	Sembuh	.	.	3	16
	22	169.000	Sembuh	.	.	3	15
	23	170.000	Sembuh	.	.	3	14
	24	170.000	Sembuh	.	.	3	13
	25	170.000	Sembuh	.	.	3	12
	26	172.000	Sembuh	.	.	3	11
	27	172.000	Sembuh	.	.	3	10
	28	172.000	Sembuh	.	.	3	9
	29	172.000	Sembuh	.	.	3	8
	30	173.000	Sembuh	.	.	3	7
	31	174.000	Sembuh	.	.	3	6
	32	174.000	Sembuh	.	.	3	5
	33	176.000	Sembuh	.	.	3	4
	34	178.000	Sembuh	.	.	3	3
	35	181.000	Sembuh	.	.	3	2
	36	181.000	Sembuh	.	.	3	1
	37	182.000	Sembuh	.	.	3	0

Means and Medians for Survival Time

	Mean[a]				Median			
			95% Confidence Interval				95% Confidence Interval	
Status anemia	Estimate	Std. Error	Lower Bound	Upper Bound	Estimate	Std. Error	Lower Bound	Upper Bound
Ya	172.934	2.896	167.258	178.610	.	.	.	.
tidak	178.946	1.692	175.629	182.263	.	.	.	.
Overall	177.018	1.578	173.924	180.111	.	.	.	.

a. Estimation is limited to the largest survival time if it is censored.

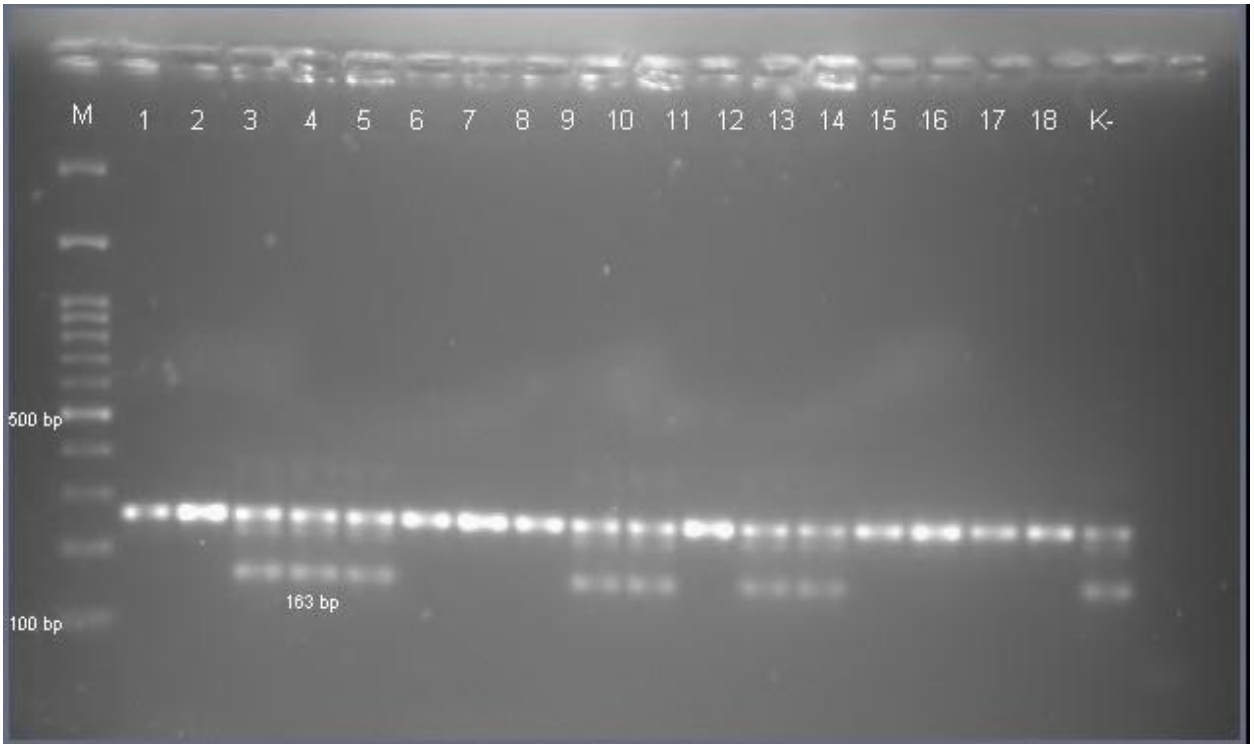

Survival Functions
Cum Survival
1.0
08
0.6
04
02
00
0
50
100
150
200
Lama pengobatan
Status anemia
tidak
la-censoi ed
tidak-censored

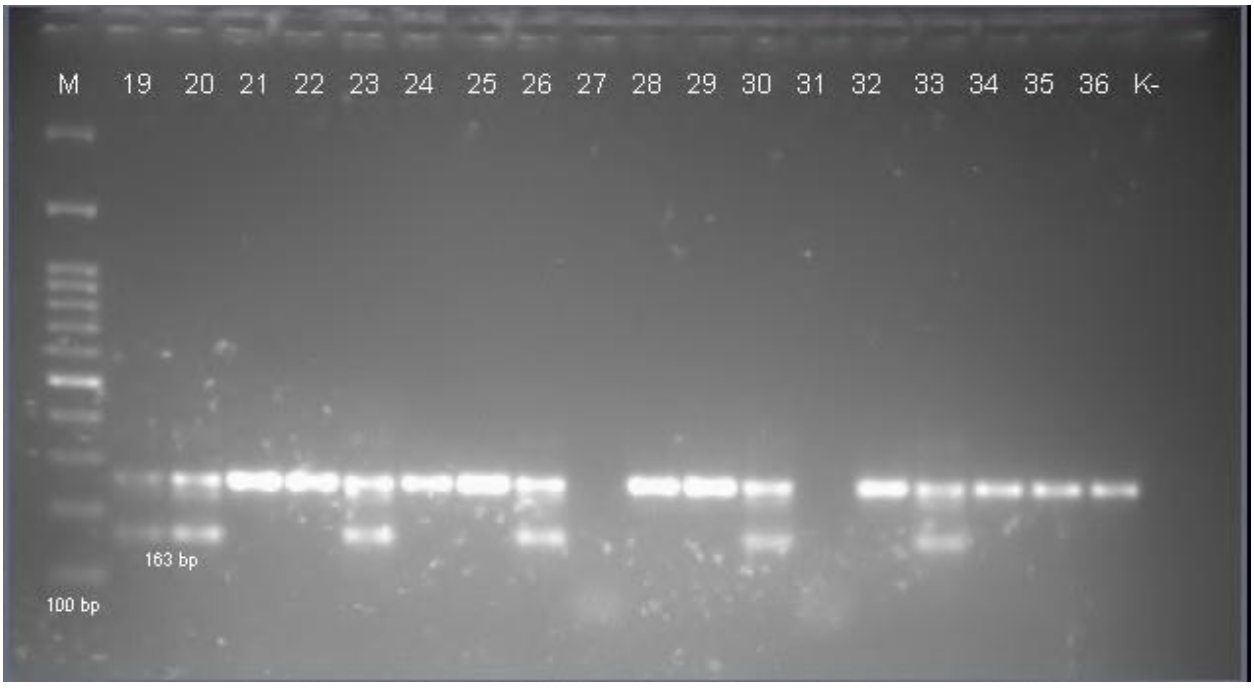

Hazard Function
Cum Hazard
0.6
05
04
0.3
0.2
0.1
0.0
0
50
100
150
200
Lama pengobatan
Status anemia
”tidak
la-censoi ed
tidak-censoi ed

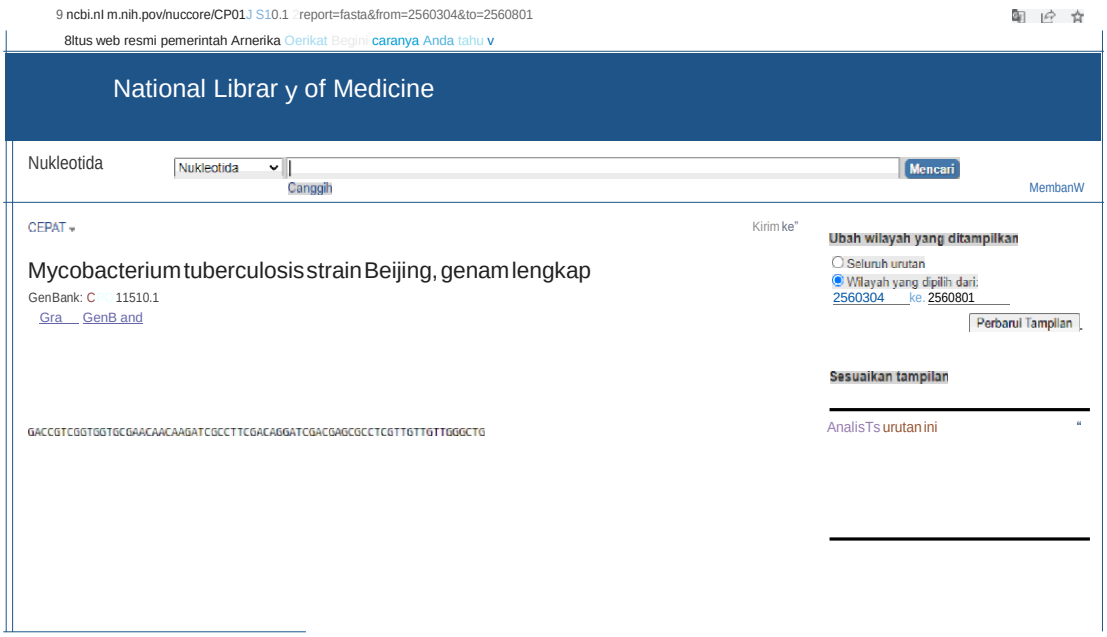
MIRU-VNTR*plus* ID	Species Lineage	Country	Mtub04	ETRC	MIRU04	MIRU40	MIRU10	MIRU16	Mtub21	QUB11b	ETRA	Mtub30	MIRU26	MIRU31	Mtub39	QUB4156	QUB26
H37RV Supply#1			2	4	2	1	3	2	2	5	3	2	3	3	5	2	5
Beijing Strain			4	4	2	1	3	3	5	11	3	4	7	5	3	3	8
P1	S	Indonesia	3	4	2	2	3	1	2	4	2	2	5	3	5	2	4
P2	S	Indonesia	4	4	2	4	3	2	2	3	3	2	5	4	5	2	5
P3	Beijing Strain	Indonesia	6	4	2	3	3	3	5	7	4	4	7	5	3	2	8
P4	Beijing Strain	Indonesia	6	4	2	3	3	3	9	7	5	4	7	5	3	2	–
P5	Beijing Strain	Indonesia	3	4	2	3	3	3	3	7	5	4	7	5	3	4	5
P6	LAM	Indonesia	4	4	3	4	3	4	1	3	4	2	4	4	3	2	5
P7	EAI	Indonesia	4	2	6	3	6	4	12	9	10	2	2	4	5	1	3
P8	Cameroon	Indonesia	3	4	2	6	5	3	–	2	2	1	5	3	2	4	–
P9	Beijing Strain	Indonesia	6	4	2	3	3	4	5	6	–	–	10	6	3	2	–
P10	Beijing Strain	Indonesia	6	4	2	3	3	4	5	5	3	4	7	6	4	2	8
P11	S	Indonesia	2	4	2	5	3	1	2	4	3	2	5	3	5	2	5
P12	Beijing Strain	Indonesia	4	4	2	3	3	3	4	6	4	4	7	5	3	4	4
P13	Beijing Strain	Indonesia	6	4	2	3	3	4	5	6	4	4	7	6	3	2	8
P14	Haarlem	Indonesia	2	3	2	3	3	3	3	5	3	3	5	3	3	3	4
P15	LAM	Indonesia	2	4	2	5	5	3	3	3	2	5	2	3	3	2	8
P16	EAI	Indonesia	2	4	4	4	4	3	4	3	6	4	2	5	6	–	5
P17	S	Indonesia	3	4	2	4	3	3	2	4	2	2	4	3	3	2	5
P18	Beijing Strain	Indonesia	4	4	2	3	3	3	6	6	4	4	8	3	3	2	5
P19	Beijing Strain	Indonesia	4	4	2	3	–	3	9	6	4		7	5	3	1	8
P20	EAI	Indonesia	2	4	6	4	4	3	6	10	10	2	2	5	4	1	–
P21	LAM	Indonesia	2	4	2	5	3	1	3	3	3	2	5	2	3	2	6
P22	EAI	Indonesia	2	4	5	3	4	3	6	2	8	2	2	5	4	1	4
P23	Beijing Strain	Indonesia	4	4	2	3	3	3	5	5	3	4	7	5	4	2	8
P24	S	Indonesia	2	4	2	2	3	2	2	2	2	2	4	3	3	2	3
P25	Haarlem	Indonesia	2	3	2	3	5	3	3	2	3	4	5	3	3	3	6
P26	Beijing Strain	Indonesia	2	4	2	3	3	3	5	6	–	4	7	5	3	2	8
P27	LAM	Indonesia	5	5	2	5	4	3	3	3	2	2	7	3	2	2	–
P28	Delhi/CAS	Indonesia	4	4	2	3	6	2	4	8	5	2	7	4	1	1	8

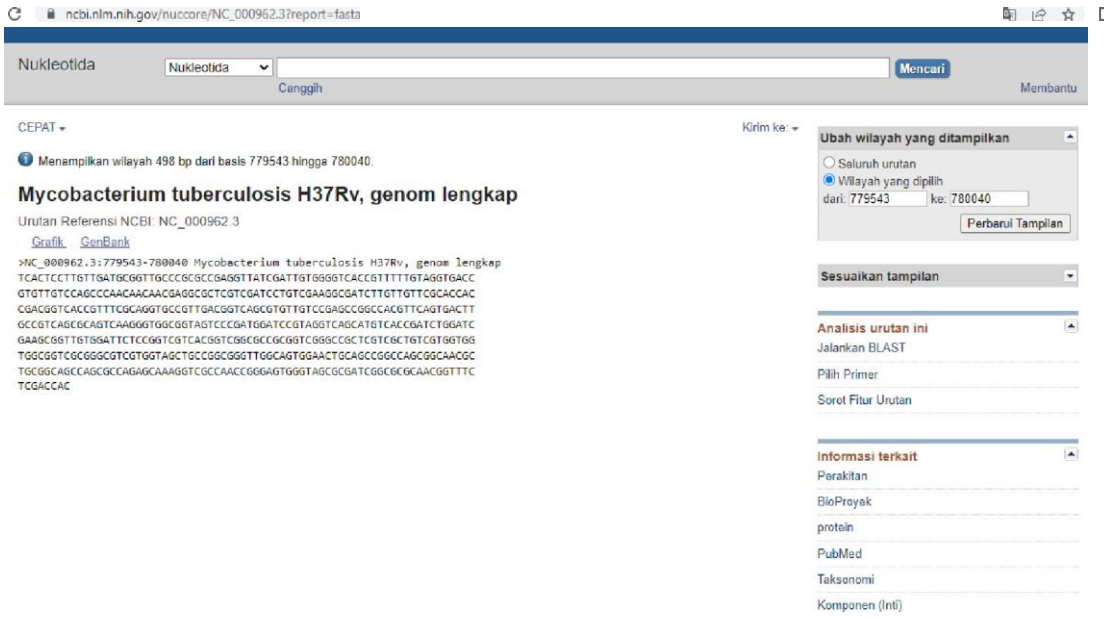
P29	EAI	Indonesia	1	4	2	2	4	3	11	1	4	2	2	4	2	1	7
P30	Beijing Strain	Indonesia	4	4	2	3	3	2	6	6	4	3	6	5	3	1	–
P31	Delhi/CAS	Indonesia	2	4	2	3	6	2	4	6	–	2	7	4	1	1	8
P32	Cameroon	Indonesia	4	4	2	7	6	3	3	8	5	1	5	2	2	3	6
P33	EAI	Indonesia	2	4	5	3	4	3	4	3	2	2	2	5	7	1	4
P34	EAI	Indonesia	2	4	5	2	4	3	11	3	5	2	2	4	2	1	7
P35	EAI	Indonesia	2	–	5	2	5	3	3	10	5	2	2	4	2	2	–
P36	LAM	Indonesia	3	4	3	3	4	3	1	5	3	2	4	3	3	2	10
P37	EAI	Indonesia	2	4	5	3	4	3	6	2	7	2	2	5	4	1	4
P38	LAM	Indonesia	4	4	3	4	3	3	1	3	4	2	4	3	3	2	9
P39	Haarlem	Indonesia	2	3	2	3	2	1	3	5	3	4	5	6	3	3	6
P40	S	Indonesia	2	4	2	5	3	1	2	2	2	2	5	3	6	–	5
P41	Beijing Strain	Indonesia	4	4	2	3	2	3	2	7	5	4	7	5	3	2	8
P42	EAI	Indonesia	1	4	6	2	3	0	3	8	4	2	2	5	2	1	7
P43	LAM	Indonesia	2		2	3	3	3	3	3	3	2	5	3	2	2	–
P44	EAI	Indonesia	2	3	6	3	4	2	5	2	7	2	2	5	3	1	6
P45	TUR	Indonesia	3	–	2	2	5	–	1	3	3	4	1	4	3	4	–
P46	LAM	Indonesia	2	4	2	5	4	3	1	3	2	2	5	3	3	2	8
P47	Beijing Strain	Indonesia	1	4	2	3	3	3	4	6	4	4	7	5	3	2	–
P48	EAI	Indonesia	2	4	4	2	4	3	10	8	5	2	2	3	2	1	7
P49	Delhi/CAS	Indonesia	5	4	2	3	8	2	4	–	5	2	5	4	1	1	–
P50	LAM	Indonesia	3	4	3	4	3	3	1	5	4	2	4	3	3	2	12
P51	Haarlem	Indonesia	2	3	2	3	6	3	3	5	3	3	5	4	3	2	5
P52	Delhi/CAS	Indonesia	4	4	2	3	7	2	4	2	5	2	7	4	1	1	11
P53	Delhi/CAS	Indonesia	4	2	2	3	6	4	4	2	4	2	7	5	3	2	7
P54	LAM	Indonesia	4	4	2	5	4	3	3	4	2	2	5	4	5	2	6
P55	Delhi/CAS	Indonesia	5	4	2	3	9	2	4	9	6	2	7	4	1	2	9

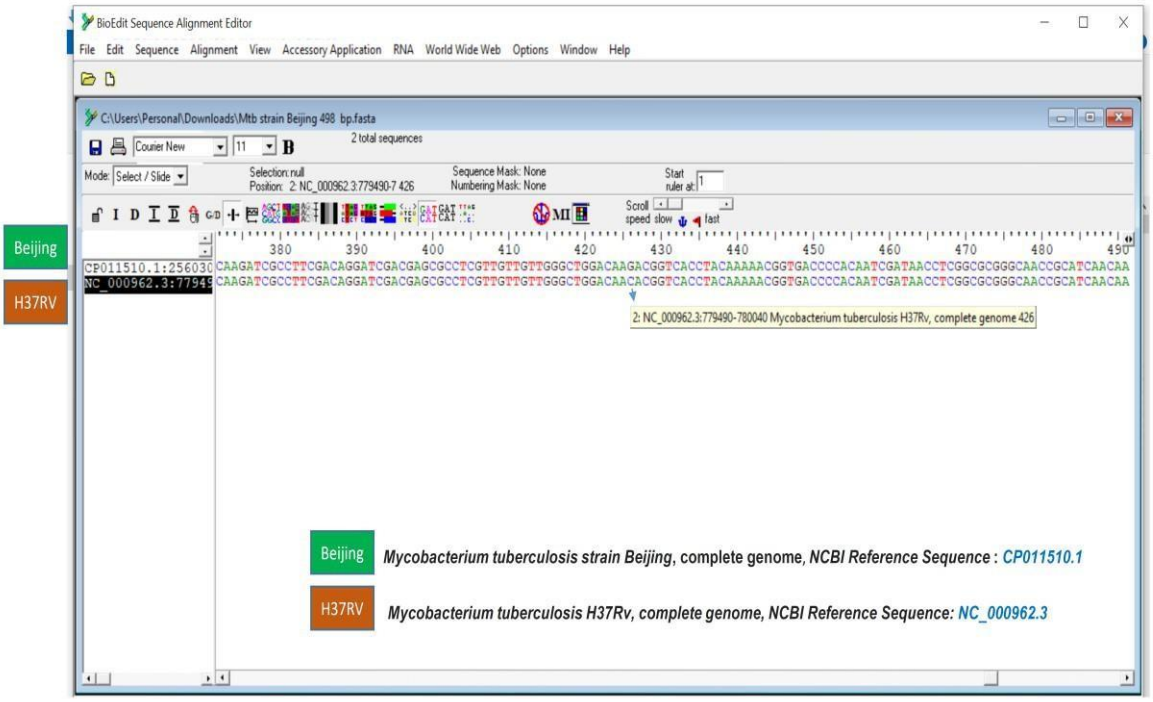
Hasil Multiplek PCR






9 ncbi.nl m.nih.pov/nuccore/CP01J S10.1 report=fasta&from=2560304&to=2560801
8ltus web resmi pemerintah Arnerika Oerikat Begini caranya Anda tahu v
National Librar y of Medicine
Nukleotida
Nukleotida
Mencari
Canggih
MembanW
CEPAT
Kirim ke"
Mycobacterium tuberculosis strain Beijing, genam lengkap
GenBank: C 11510.1
Gra GenB and
GACCGTCGGTGGTGCGAACAACAAGATCGCCTTCGACAGGATCGACGAGCGCCTCGTTGTTGTTGGGCTG
Ubah wilayah yang ditampilkan
Seluruh urutan
Wilayah yang dipilih dari:
2560304 ke. 2560801
Perbarui Tampilan
Sesuaikan tampilan
AnalisTs urutan ini


ncbi.nlm.nih.gov/nuccore/NC_000962.3?report=fasta
Nukleotida
Nukleotida
Mencari
Canggih
Membantu
CEPAT
Kirim ke:
Menampilkan wilayah 498 bp dari basis 779543 hingga 780040.
Mycobacterium tuberculosis H37Rv, genom lengkap
Urutan Referensi NCBI: NC_000962.3
Grafik GenBank
>NC_000962.3:779543-780040 Mycobacterium tuberculosis H37Rv, genom lengkap
TCACTCCTTGTTGATGCGGTTGCCCGCGCCGAGGTTATCGATTGTGGGGTCACCGTTTTTGTAGGTGACC
GTGTTGTCCAGCCCAACAACAACGAGGCGCTCGTCGATCCTGTCGAAGGCGATCTTGTTGTTCGCACCAC
CGACGGTCACCGTTTCGCAGGTGCCGTTGACGGTCAGCGTGTTGTCCGAGCCGGCCACGTTCAGTGACTT
GCCGTCAGCGCAGTCAAGGGTGGCGGTAGTCCCGATGGATCCGTAGGTCAGCATGTCACCGATCTGGATC
GAAGCGGTTGTGGATTCTCCGGTCGTCACGGTCGGCGCCGCGGTCGGGCCGCTCGTCGCTGTCGTGGTGG
TGGCGGTCGCGGGCGTCGTGGTAGCTGCCGGCGGGTTGGCAGTGGAACTGCAGCCGGCCAGCGGCAACGC
TGCGGCAGCCAGCGCCAGAGCAAAGGTCGCCAACCGGGAGTGGGTAGCGCGATCGGCGCGCAACGGTTTC
TCGACCAC
Ubah wilayah yang ditampilkan
Seluruh urutan
Wilayah yang dipilih
dari: 779543 ke: 780040
Perbarui Tampilan
Sesuaikan tampilan
Analisis urutan ini
Jalankan BLAST
Pilih Primer
Sorot Fitur Urutan
Informasi terkait
Perakitan
BioProyek
protein
PubMed
Taksonomi
Komponen (Inti)


BioEdit Sequence Alignment Editor
File Edit Sequence Alignment View Accessory Application RNA World Wide Web Options Window Help
C:\Users\Personal\Downloads\Mtb strain Beijing 498 bp.fasta
2 total sequences
Courier New
11
B
Mode: Select / Slide
Selection: null
Position: 2: NC_000962.3:779490-7 426
Sequence Mask: None
Numbering Mask: None
Start ruler at: 1
Scroll speed slow fast
380 390 400 410 420 430 440 450 460 470 480 490
CP011510.1:256030 CAAGATCGCCTTCGACAGGATCGACGAGCGCCTCGTTGTTGTTGGGCTGGACAAGACGGTCACCTACAAAAACGGTGACCCCACAATCGATAACCTCGGCGCGGGCAACCGCATCAACAA
NC_000962.3:77949 CAAGATCGCCTTCGACAGGATCGACGAGCGCCTCGTTGTTGTTGGGCTGGACAACACGGTCACCTACAAAAACGGTGACCCCACAATCGATAACCTCGGCGCGGGCAACCGCATCAACAA
2: NC_000962.3:779490-780040 Mycobacterium tuberculosis H37Rv, complete genome 426
Beijing
Mycobacterium tuberculosis strain Beijing, complete genome, NCBI Reference Sequence : CP011510.1
H37RV
Mycobacterium tuberculosis H37Rv, complete genome, NCBI Reference Sequence: NC_000962.3
Beijing
H37RV