

DAFTAR PUSTAKA

1. World Health Organization, Global tuberculosis report 2022. <https://www.who.int/teams/global-tuberculosis-programme/tb-reports>. Accessed on December 12, 2022.
2. Kementerian Kesehatan Republik Indonesia. Petunjuk Teknis Penatalaksanaan Infeksi laten Tuberkulosis. 2020.
3. Djaharuddin, et al. Exploring the link between cardiovascular risk factors and manifestations in latent tuberculosis infection: a comprehensive literature review. *The Egyptian Heart Journal*. (2023)75:43.
4. Nasreen S, Shokoohi M, Malvankar-Mehta M S. Prevalence of latent tuberculosis among health care workers in high burden countries: a systematic review and meta-analysis. *PLOS ONE* 2016; 11: e0164034.
5. Kinikar, A., Chandanwale, A., Kadam, D., Joshi, S., Basavaraj, A., Pardeshi, G., Girish, S., Shelke, S., DeLuca, A., Dhumai, G., Golub, J., Lokhande, N., Gupte, N., Gupta, A., Bollinger, R. and Mave, V. (2019). High risk for latent tuberculosis infection among medical residents and nursing students in India:2019;14(7).
6. Kim S, et al. Prevalence of and factors related to latent tuberculosis infection among all employees in a referral hospital. *International Journal Tuberculosis Lung Disease*:2018;1;22(11):1329-1335.
7. Sedamano J, et al. Prevalence of positive TST among healthcare workers in high-burden TB setting in Peru. *BMC Public Health*: 2020; 20:612
8. Rosamarlina et al. Duration of Work Improves Risk of Latent TB Infection in Health-Care Workers. *Advances in Health Sciences Research*:2020;22.
9. Wardani R, et al. Risk factors of latent tuberculosis infection in healthcare workers at hospitals in jember city indonesia. *Afr., j. Infect. Dis.* (2021) 15(1): 34- 40
10. Kementerian Kesehatan Republik Indonesia. Factsheet: Akselerasi Menuju Eliminasi TB Di Indonesia Tahun 2030. Jakarta: Direktorat Pencegahan dan Pengendalian Penyakit Kementerian Kesehatan RI; 2022.
11. Contini C, et al. The Impact of Tuberculosis Among Immigrants: Epidemiology and Strategies of Control in High-income Countries-Current Data and Literature Review:2017;7; p.134-5.
12. Dashboard Tuberkulosis Indonesia. Jumlah kasus TB tahun 200-2022. Available <https://tbindonesia.or.id/pustaka-tbc/dashboard-tb/> . Accessed 12, December 2022.
13. Palavi C, Immune evasion and provocation by *Mycobacterium tuberculosis*. *Nature reviews. Microbiology*.
14. Jackson SD, et al. Recombinant ESAT- 6-CFP-10 Fusion Protein Induction of Th1/Th2 Cytokines and FoxP3 Expressing Treg Cells in Pulmonary TB. *PLoS One*. 2013;8(6).
15. Maziar D, et al. Beyond Killing *Mycobacterium tuberculosis*: Disease Tolerance. *Frontiers in Immunology*. 2018;9: 2976.
16. European Centre for Disease Prevention and Control. Programmatic management of latent tuberculosis infection in the European Union. Stockholm: ECDC; 2018.
17. World Health Organization. Guideline on the management of latent tuberculosis infection: WHO, 2020
18. World health organization. WHO operational handbook on TB diagnosis_tests for TB infection_Module 3. 2022.

19. Veterinary immunology. Delayed Type IV hypersensitivity. 2016.
20. American Thoracic Society/Infectious Diseases Society of America. Targeted tuberculin testing and treatment of latent tuberculosis infection. *Am. J. Respir. Crit. Care Med.* 2000; 161: S221–47.
21. Madhuka P, et al. Latent Mycobacterium tuberculosis Infection and Interferon-Gamma Release Assays. 2019.
22. Roohi B. IFN release assay or IGRA test for TB diagnosis. 2014. Available on <https://medium.com/biotechnology-by-tsb/interferon-gamma-release-assay-or-igra-test-for-the-diagnosis-of-tb-part-16-2da6c0dfef27>
23. Carranza C, et al. Diagnosis for latent tuberculosis infection: New alternatives. *Frontiers in Immunology*:2020;11.
24. Ratnawati, Erlina B, et al. Comparison of Tuberculin Skin Test and Interferon-Gamma Release Assay in the Diagnosis of Latent Tuberculosis Infection among Indonesian Health-care Workers. 2019.
25. Chen Bin, et al. Prevalence and determinants of latent tuberculosis infection among frontline tuberculosis healthcare workers in southeastern China: A multilevel analysis by individuals and health facilities. *International Journal of Infectious Diseases*:2019;79; 26–33
26. Jing Wen et al. Updates on the risk factors for latent tuberculosis reactivation and their managements. *Emerging Microbes and Infections*: 2016;5
27. Akolo C, Adetifa I, Shepperd S et al. Treatment of latent tuberculosis infection in HIV Infected Persons. *Cochrane Database Syst Rev* 2010;
28. Juliani D. Perkembangan pemeriksaan *interferon-gamma release assay* (IGRA) dengan metode t-spot.tb serta aspek klinis pelaporan hasil. *Continuing medical Education*.2020;3.
29. Parekh MJ, Schluger NW. Treatment of latent tuberculosis infection. *Ther Adv Respir Dis*.2013; 7: 351–356.
30. American Thoracic Society. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR Recomm Rep* 2018; 49: 1–51.
31. Odera S, et al. Latent tuberculosis among household contacts of pulmonary tuberculosis cases in Nairobi, Kenya. *PAMJ*:2020;37(87).
32. Narasimhan P, et al, Risk Factors for Tuberculosis. Hindawi Publishing Corporation Pulmonary Medicine. 2013/ 828939
33. R. Joshi, A. L. Reingold, D. Menzies, and M. Pai, “Tuberculosis among health-care workers in low- and middle-income countries: a systematic review,” *PLoS Medicine*:2016;3(12).
34. Lubis R, Giriputro S, Handayani D, et al. High prevalence of latent tuberculosis infection among healthcare workers with history of contact with tuberculosis hospital. *Respirology*. 2017;22(Suppl 3):4–87.
35. Diel R, Niemann S, Nienhaus A. Risk of tuberculosis transmission among healthcare workers. *ERJ Open Res*. 2018;4(2).
36. Solovic I, Sester M, Gomez-Reino JJ et al. The risk of tuberculosis related to tumour necrosis factor antagonist therapies: a TBNET Consensus Statement. *Eur Respir J* 2010; 36: 1185–1206.
37. Ai JW, Zhang S, Ruan QL et al. The Risk of Tuberculosis in Patients with Rheumatoid Arthritis Treated with Tumor Necrosis Factor- α Antagonist: A Metaanalysis of Both Randomized Controlled Trials and Registry/Cohort Studies. *J Rheumatol* 2015 Dec; 42: 2229–2237
38. World Health Organization. Guidelines on the management of latent tuberculosis infection. Geneva: WHO, 2015. Available at http://www.who.int/tb/publications/lbti_document_page/en

39. Baker MA, Lin HH, Chang HY et al. The risk of tuberculosis disease among persons with diabetes mellitus: a prospective cohort study. *Clin Infect Dis* 2012; 54: 818–825.
40. Leung CC, Lam TH, Chan WM et al. Diabetic control and risk of tuberculosis: a cohort study. *Am J Epidemiol* 2008; 167: 1486–1494.
41. Slama K, Chiang CY, Enarson DA et al. Tobacco and tuberculosis: a qualitative systematic review and meta- analysis. *Int J Tuberc Lung Dis* 2017; 11: 1049–1061.
42. Van Zyl Smit RN, Pai M, Yew WW et al. Global lung health: the colliding epidemics of tuberculosis, tobacco smoking, HIV and COPD. *Eur Respir J* 2010; 35: 27–33.
43. Moller M, et al. Genetic resistance to mycobacterium tuberculosis infection and disease:2018;9;2219.
44. Boccia, et al. Tuberculosis Infection in Zambia: The Association with Relative Wealth. *Am. J. Trop. Med. Hyg*:2009;80;6;1004–1011
45. Zhang Xia, Prevalence and Risk Factors for Latent Tuberculosis Infection among Health Care Workers in China: A Cross- Sectional Study). *Plos One*. 2013(8);2
46. Szturmowicz dkk, Prevalence and risk factors for latent tuberculosis in polish healthcare workers: the comparison of tuberculin skin test and interferon-gamma release assay (IGRA) performance. *Journal of Occupational Medicine and Toxicology* (2021) 16:38
47. Sadaf R, et al. Prevalence of latent tuberculosis infection in healthcare workers in tertiary care hospitals of Pakistan. *Pak J Med Sci* January:2020;(2);36.
48. Pai M, Gokhale K, Joshi R, Dogra S, Kalantri S, Mendiratta DK, et al. Mycobacterium tuberculosis infection in health care workers in rural India: comparison of a whole-blood interferon γ assay with tuberculin skin testing. *J Am Med Assoc*. 2015;293(22):2746-2755
49. Joshi R, Reingold AL, Menzies D, Pai M. Tuberculosis among health-care workers in low- and middle- income countries: a systematic review. *PLoS Med* 2006; 3: e494. PMID: 17194191
50. Jo KW,Hong Y,Park JS,et al.Prevalence of latent tuberculosis infection among health care workers in South Korea: a multicenter study. *Tuberc Respir Dis (Seoul)* 2013; 75: 18–24.
51. Ding et al. Prevalence trends of latent tuberculosis infection at the global, regional, and country levels from 1990–2019. *International Journal of Infectious Diseases*. 122 (2022) 46–62.
52. Hermes L, et al. Risk Analysis of latent tuberculosis infection among health workers compared to employees in other sectors. *Int. J. Environ. Res. Public Health*. 2020;17;4643
53. Lamberti et al. Prevalence of latent tuberculosis infection in healthcare workers at a hospital in Naples, Italy, a low-incidence country. *Journal of Occupational Medicine and Toxicology* (2016) 11:53
54. Erawati, Andriany. The Prevalence and demographic risk factor for Latent Tuberculosis Infection (LTBI) Among Healthcare Workers in Semarang, Indonesia. *Journal of Multidisciplinary Healthcare* 2020:13 197–206
55. Alhawaris, Nur Ahmad Tabri. Risiko infeksi mycobacterium tuberculosis pada orang yang tinggal serumah dengan penderita tuberkulosis di makassar. *J. Ked. Mulawarman* vol. 2020;1;7.
56. Zhou et al. Latent Tuberculosis Infection and Occupational Protection among Health Care Workers in Two Types of Public Hospitals in China. *Plos One*. 2014 (8);9;2104673.

57. Coppeta et al. Prevalence and risk factors for latent tuberculosis Infection among health care workers in a low incidence country. *The Open Respiratory Medicine Journal*, 2019(13).
58. Martin U, et al. Prevalensi TB Laten pada Petugas Kesehatan di RSUP H. Adam Malik, Medan. *J Respir Indo*:210;(2);30
59. Deng, Y., Liu, Y., Li, Y., Jing, H., Wang, Y., Li, X. and Xu, L. (2019). Isolation measures and protection awareness are significant for TB laten: a cross-sectional study on T-SPOT.TB among health care workers in China. *Epidemiology of Infection*, doi.org/10.107/s0950268818002777.
60. Paula J, et al. age related Changes in Immune Function: impact on airway inflammation. National Institute Health of Nasional. *J Allergy Clin Immunol*:2010;126(4):690-701.
61. Ting et al. Gender Disparities in Latent Tuberculosis Infection in High-Risk Individuals: A Cross-Sectional Study. *Plos one*. 2014(9);11.
62. Sabri A, et al. Prevalence and risk factors for latent tuberculosis infection among healthcare workers in Morocco. *Plos one*. 2019)
63. Feng JY, et al. Gender differences in treatment outcomes of tuberculosis patients in Taiwan: a prospective observational study. *Clin Microbiol Infect* 2012;18: E331–337.
64. Klein SL, Flanagan KL. Sex differences in immune responses. *Nat Rev Immunol*. (2016) 16:626–38. doi: 10.1038/nri.2016.90
65. Dibbern J, Eggers L, Schneider BE. Sex differences in the C57BL/6 model of *Mycobacterium tuberculosis* infection. *Sci Rep*. (2017) 7:10957. doi: 10.1038/s41598-017-11438-z
66. Dutta Noton, et al. Are There Sex-Specific Differences in Response to Adjunctive Host- Directed Therapies for Tuberculosis? *Frontiers in immunology*. 2020(11);1465.
67. Hertz D, Dibbern J, Eggers L, Von Borstel L, Schneider BE. Increased male susceptibility to *Mycobacterium tuberculosis* infection is associated with smaller B cell follicles in the lungs. *Sci Rep*. (2020) 10:5142.
68. Agaya J, et al. Tuberculosis and latent tuberculosis infection among healthcare workers in Kisumu, Kenya. *Tropical Medicine and International Health*. 2015(2)20;12;1797–1804.
69. Janagond AB, Ganesan V, Vijay Kumar GS, Ramesh A, Anand P, Mariappan M. Screening of health-care workers for latent tuberculosis infection in a Tertiary Care Hospital. *Int J Mycobacteriol*. 2017;6(3):253e257.
70. Silva VM, Cunha AJ, Oliveira JR, Figueira MM, Nunes ZB, De Riemer K, Kritski AL: Medical students at risk of nosocomial transmission of mycobacterium tuberculosis. *Int J Tuberc Lung Dis* 2002, 4:420–426
71. Lamberti M, et al. Prevalence of latent tuberculosis infection and associated risk factors among 3,374 healthcare students in Italy. *Journal of Occupational Medicine and Toxicology* 2014, 9:34
72. Syggelou et al. BCG Vaccine Protection against TB Infection among Children Older than 5 Years in Close Contact with an Infectious Adult TB Case. *Journal of Clinical Medicine*. *J. Clin. Med.* 2020, 9, 3224; doi:10.3390/jcm9103224.
73. Huang et al. The effect of BCG vaccination and risk factors for latent tuberculosis infection among college freshmen in China. *International Journal of Infectious Diseases*:2022:122;321–326.
74. Troffors, et al. Prevalence of Latent TB and Effectiveness of BCG Vaccination Against Latent Tuberculosis: An Observational Study. *International Journal of Infectious Diseases*:2021:109;279–282

75. Horne D, et al. Association between Smoking and Latent Tuberculosis in the U.S. Population: An Analysis of the National Health and Nutrition Examination Survey. 2012;7:11:e49050
76. Bates, A. Khalakdina, M. Pai, L. Chang, F. Lessa, and K. R. Smith, "Risk of tuberculosis from exposure to tobacco smoke: a systematic review and meta-analysis," *Archives of Internal Medicine*, vol. 167, no. 4, pp. 335–342, 2007.
77. H. H. Lin, M. Ezzati, and M. Murray, "Tobacco smoke, indoor air pollution and tuberculosis: a systematic review and meta- analysis," *PLoS Medicine*, vol. 4, no. 1, article e20, 2007.
78. Shang,D.Ordway,M.Henao-Tamayoetal.,"Cigarette smoke increases susceptibility to tuberculosis-evidence from in vivo and in vitro models," *Journal of Infectious Diseases*, vol. 203, no. 9, pp. 1240–1248, 2011.

LAMPIRAN

1. Dokumentasi Pengambilan Sampel Penelitian



2. Data Pasien Penelitian

DAFTAR NAMA PASIEN IGRA											
NO	NAMA	TGL LAHIR	umur	JENIS KELAMIN	HASIL IGRA	Lama kerja nakes	Lama kerja ditempat skrg	BCG	TST	komorbid	Pendidikan
1	Nur Hidayanti	11-11-1986	36 tahun	P	Positif	10 tahun	rekam medik	ya	pos	tidak ada	D3
2	St. Nur Syamsidar	06-05-1975	47 tahun	P	Positif	20 tahun	kolektor	Tidak	pos	tidak ada	D3
3	Emy	03-10-1984	38 tahun	P	Negatif	10 tahun	rekam medik	ya	Neg	tidak ada	S1
4	Jafar	12-09-1979	43 tahun	L	Negatif	15 tahun	rekam medik	Ya	Neg	tidak ada	S1
5	Syaripa	17-08-1979	43 tahun	P	Positif	20 tahun	rekam medik	Tidak	pos	tidak ada	D3
6	Marlina B.	30-12-1980	42 tahun	P	Negatif	21 tahun	rekam medik	ya	Neg	tidak ada	S1
7	Maksimius Mogor	04-04-1969	54 tahun	L	Negatif	22 tahun	rekam medik	ya	Neg	tidak ada	D3
8	Irfanti	08-02-1983	40 tahun	P	Negatif	12 tahun	rekam medik	ya	Neg	tidak ada	S1
9	Anfuddin	07-05-1984	38 tahun	L	Positif	15 tahun	rekam medik	Tidak	pos	tidak ada	S1
10	Nurtalia	26-07-1981	41 tahun	P	Positif	19 tahun	rekam medik	ya	pos	tidak ada	S1
11	Salaman	03-11-1986	36 tahun	L	Positif	15 tahun	rekam medik	ya	pos	tidak ada	S1
12	Henry Sutrisno	15-02-1977	46 tahun	L	Positif	23 tahun	rekam medik	Tidak	pos	tidak ada	S1
13	Reski Amalia	08-03-1998	25 tahun	P	Positif	7 tahun	rekam medik	Tidak	pos	tidak ada	S1
14	Alauddin Usman	12-04-1977	46 tahun	L	Negatif	18 tahun	rekam medik	ya	Neg	tidak ada	S1
15	Kasnah	16-02-1983	40 tahun	P	Negatif	17 tahun	rekam medik	ya	Neg	tidak ada	D3
16	Syarifah AS.	23-04-1968	55 tahun	P	Negatif	24 tahun	rekam medik	ya	Neg	tidak ada	D3
17	Rusdiana	06-03-1979	44 tahun	P	Negatif	20 tahun	casemix	ya	Neg	tidak ada	S1
18	Ira Ratnasari	01-12-1992	30 tahun	P	Negatif	7 tahun	rekam medik	ya	Neg	tidak ada	S1
19	Elieser P.	03-06-1986	36 tahun	L	Positif	15 tahun	rekam medik	ya	pos	tidak ada	S1
20	Fitriyani Sari Indah H.	27-03-1993	30 tahun	P	Negatif	6 tahun	casemix	ya	Neg	tidak ada	S1
21	uni	16-09-1984	38 tahun	P	Negatif	10 tahun	casemix	ya	Neg	tidak ada	S1
22	Nanna	01-03-1977	46 tahun	P	Positif	18 tahun	rekam medik	tidak	Neg	tidak ada	S1
23	Alim	17-03-1997	26 tahun	L	Positif	3 tahun	casemix	tidak	Neg	tidak ada	S1
24	ipah	06-11-1978	44 tahun	P	Negatif	14 tahun	rekam medik	ya	Neg	tidak ada	S1
25	Refly	22-01-1994	29 tahun	L	Negatif	10 tahun	casemix	ya	Neg	tidak ada	S1
26	Anggo	09-12-1992	30 tahun	L	Positif	10 tahun	rekam medik	Tidak	pos	tidak ada	S1
27	Anto	28-07-1976	46 tahun	L	Negatif	16 tahun	IT rekam medik	ya	Neg	tidak ada	S1
28	fandi	25-05-1986	36 tahun	L	Negatif	4 tahun	IT rekam medik	ya	neg	tidak ada	D3
29	Ibrahim	21-10-1969	53 tahun	L	Negatif	20 tahun	rekam medik	ya	neg	tidak ada	S1
30	Anti	01-12-1996	26 tahun	P	Negatif	3 tahun	rekam medik	ya	neg	tidak ada	S1
31	wawan	04-08-1989	33 tahun	L	Negatif	9 tahun	rekam medik	ya	Neg	tidak ada	S1
32	Mira	07-06-1990	32 tahun	P	Positif	4 tahun	rekam medik	ya	neg	tidak ada	S1
33	Juanda	11-05-1983	39 tahun	L	Negatif	11 tahun	rekam medik	ya	neg	tidak ada	S1
34	Tiwa	04-07-1990	32 tahun	P	Negatif	9 tahun	rekam medik	ya	neg	tidak ada	S1
35	Mia	07-01-1988	35 tahun	P	Negatif	13 tahun	rekam medik	ya	Neg	tidak ada	S1
36	Ekkiman	13-02-1993	30 tahun	L	Negatif	7 tahun	rekam medik	ya	neg	tidak ada	S1
37	Syarif	08-06-1990	32 tahun	L	Negatif	9 tahun	rekam medik	ya	neg	tidak ada	S1
38	Haidar	15-04-1978	44 tahun	L	Negatif	15 tahun	rekam medik	ya	neg	tidak ada	S1
39	Ebo	18-07-1998	24 tahun	P	Negatif	10 tahun	rekam medik	ya	Neg	tidak ada	S1
40	Iham	06-02-1989	34 tahun	L	Negatif	10 tahun	rekam medik	ya	neg	tidak ada	S1


```

DATASET ACTIVATE DataSet1.
CROSSTABS
  /TABLES=JK Umur LK BY IGRA TST
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ CORR RISK
  /CELLS=COUNT
  /COUNT ROUND CELL.

```

Crosstabs

[DataSet1] C:\Users\ASUS\Downloads\Analisa IGRA dan TST.sav

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
Jenis Kelamin * Hasil IGRA	39	100.0%	0	0.0%	39	100.0%
Jenis Kelamin * Tuberkulin Skin Test	39	100.0%	0	0.0%	39	100.0%
Umur * Hasil IGRA	39	100.0%	0	0.0%	39	100.0%
Umur * Tuberkulin Skin Test	39	100.0%	0	0.0%	39	100.0%
Lama Kerja * Hasil IGRA	39	100.0%	0	0.0%	39	100.0%
Lama Kerja * Tuberkulin Skin Test	39	100.0%	0	0.0%	39	100.0%

Jenis Kelamin * Hasil IGRA

Crosstab

Count

		Hasil IGRA		Total
		negatif	positif	
Jenis Kelamin	Wanita	14	19	33
	Pria	2	4	6
Total		16	23	39

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.173 ^a	1	.677		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.177	1	.674		
Fisher's Exact Test				1.000	.522
Linear-by-Linear Association	.169	1	.681		
N of Valid Cases	39				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.46.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Interval by Interval	Pearson's R	.067	.155	.407	.687 ^c
Ordinal by Ordinal	Spearman Correlation	.067	.155	.407	.687 ^c
N of Valid Cases		39			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Jenis Kelamin (Wanita / Pria)	1.474	.236	9.209
For cohort Hasil IGRA = negatif	1.273	.384	4.223
For cohort Hasil IGRA = positif	.864	.457	1.633
N of Valid Cases	39		

Jenis Kelamin * Tuberkulin Skin Test

Crosstab

Count

		Tuberkulin Skin Test		Total
		Negatif	Positif	
Jenis Kelamin	Wanita	19	14	33
	Pria	2	4	6
Total		21	18	39

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.201 ^a	1	.273		
Continuity Correction ^b	.423	1	.515		
Likelihood Ratio	1.209	1	.272		
Fisher's Exact Test				.387	.258
Linear-by-Linear Association	1.170	1	.279		
N of Valid Cases	39				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.77.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Interval by Interval	Pearson's R	.175	.155	1.084	.285 ^c
Ordinal by Ordinal	Spearman Correlation	.175	.155	1.084	.285 ^c
N of Valid Cases		39			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Jenis Kelamin (Wanita / Pria)	2.714	.434	16.961
For cohort Tuberkulin Skin Test = Negatif	1.727	.537	5.559
For cohort Tuberkulin Skin Test = Positif	.636	.319	1.271
N of Valid Cases	39		

Umur * Hasil IGRA

Crosstab

Count

		Hasil IGRA		Total
		negatif	positif	
Umur	< 40 tahun	11	13	24
	>= 40 tahun	5	10	15
Total		16	23	39

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.596 ^a	1	.440		
Continuity Correction ^b	.191	1	.662		
Likelihood Ratio	.603	1	.438		
Fisher's Exact Test				.517	.333
Linear-by-Linear Association	.581	1	.446		
N of Valid Cases	39				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.15.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Interval by Interval	Pearson's R	.124	.157	.758	.453 ^c
Ordinal by Ordinal	Spearman Correlation	.124	.157	.758	.453 ^c
N of Valid Cases		39			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Umur (< 40 tahun / >= 4 0 tahun)	1.692	.443	6.467
For cohort Hasil IGRA = negatif	1.375	.595	3.177
For cohort Hasil IGRA = positif	.813	.486	1.358
N of Valid Cases		39	

Umur * Tuberkulin Skin Test

Crosstab

Count

		Tuberkulin Skin Test		Total
		Negatif	Positif	
Umur	< 40 tahun	12	12	24
	>= 4 0 tahun	9	6	15
Total		21	18	39

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.371 ^a	1	.542		
Continuity Correction ^b	.078	1	.780		
Likelihood Ratio	.373	1	.541		
Fisher's Exact Test				.742	.391
Linear-by-Linear Association	.362	1	.547		
N of Valid Cases	39				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.92.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Interval by Interval	Pearson's R	-.098	.159	-.596	.554 ^c
Ordinal by Ordinal	Spearman Correlation	-.098	.159	-.596	.554 ^c
N of Valid Cases		39			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Umur (< 40 tahun / >= 40 tahun)	.667	.180	2.463
For cohort Tuberkulin Skin Test = Negatif	.833	.469	1.481
For cohort Tuberkulin Skin Test = Positif	1.250	.598	2.614
N of Valid Cases	39		

Lama Kerja * Hasil IGRA

Crosstab

Count

		Hasil IGRA		Total
		negatif	positif	
Lama Kerja	>= 10 tahun	16	23	39
Total		16	23	39

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	39

a. No statistics are computed because Lama Kerja is a constant.

Symmetric Measures

		Value
Interval by Interval	Pearson's R	. ^a
N of Valid Cases		39

a. No statistics are computed because Lama Kerja is a constant.

Risk Estimate

	Value
Odds Ratio for Lama Kerja (>= 10 tahun / .)	. ^a

a. No statistics are computed because Lama Kerja is a constant.

Lama Kerja * Tuberkulin Skin Test

Crosstab

Count

		Tuberkulin Skin Test		Total
		Negatif	Positif	
Lama Kerja	>= 10 tahun	21	18	39
Total		21	18	39

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	39

a. No statistics are computed because Lama Kerja is a constant.

Symmetric Measures

		Value
Interval by Interval	Pearson's R	. ^a
N of Valid Cases		39

a. No statistics are computed because Lama Kerja is a constant.

Risk Estimate

	Value
Odds Ratio for Lama Kerja (>= 10 tahun / .)	. ^a

a. No statistics are computed because Lama Kerja is a constant.