

MALARIA IN SIGERONGAN COMMUNITY HEALTH CENTER, WEST LOMBOK, WEST NUSA TENGGARA IN 2024: AN EPIDEMIOLOGICAL STUDY

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BACKGROUND AND OBJECTIVES

Malaria is a mosquito-transmitted disease that remains a major health concern in Indonesia. Malaria control is a global commitment that must be achieved by the end of 2030. Sigerongan Community Health Centre (CHC) is the second-highest malaria case contributor in West Lombok. This study aims to describe the characteristics of malaria patients at Sigerongan CHC, providing a foundation for management and prevention improvement, as well as control strategies.

METHODS

1. This is a descriptive study with retrospective case-control design looking at secondary data at Sigerongan CHC between January and December 2024.
2. The study population includes all Sigerongan residents with a confirmed malaria diagnosis established through microscopic examination, the type of transmission, identified through either active or passive case detection.
3. Data collected included gender, age group, history of contact Plasmodium species, and microscopic monitoring outcomes on the 3rd, 14th, and 28th day following initiation of treatment.
4. Results will be presented as proportions.

RESULTS

29 patients with confirmed malaria were included in the study. Males accounted for the majority of cases (55.17%), and most cases were observed in the productive age group (18–60 years, 58.6%). The most frequently identified was Plasmodium malariae (79.31%). More than half of the cases (68.96%) were detected through passive case detection. Local transmission cases (96.55%). Monitoring on the third day revealed that (6.89%) remained positive. By the 14th and 28th days, all patients had negative microscopic results (100%).

CONCLUSION AND RECOMMENDATIONS

The malaria microscopic results which are still positive on the 3rd day after administering DHP therapy indicate that the treatment has not completely succeeded in eliminating the malaria parasites in the patient's body, indicating treatment failure or resistance to the drug or treatment compliance.

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Table 1. Characteristics of participants by Gender

	Frequency	%
Male	16	55,17
Female	13	44,8

Figure 1. Characteristics of participants by Gender

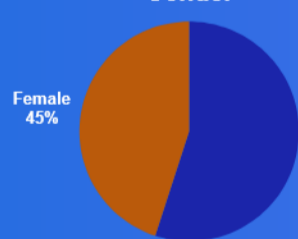


Table 2. Characteristics of participants by Age Group

	Frequency	%
< 5 years	3	10,34
5-18 years	7	24,13
18-60 years	17	58,6
> 60 years	2	6,89

Figure 2. Characteristics of participants by Age Group



Table 3. Characteristics of participants by type of Plasmodium

	Frequency	%
Malariae	23	79,31
Falcifarum	5	17,24
Vivax	1	3,44

Figure 3. Characteristics of participants by type of Plasmodium

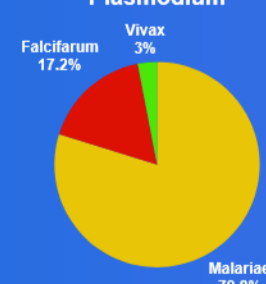


Table 4. Characteristics of participants by Case Finding

	Frequency	%
Active	9	31,03
Pasive	20	68,96

Figure 4. Characteristics of participants by Case Finding

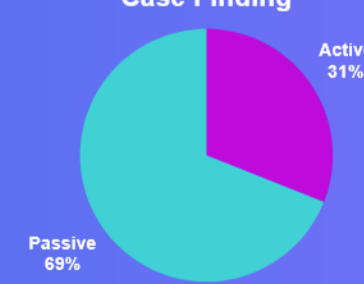


Table 7. Characteristics of participants by Microscopic Monitoring Outcomes On The 14 and 28 days

	Frequency	%
(+)	0	0
(-)	29	100

Figure 7. Characteristics of participants by Microscopic Monitoring Outcomes On The 14th and 28 days

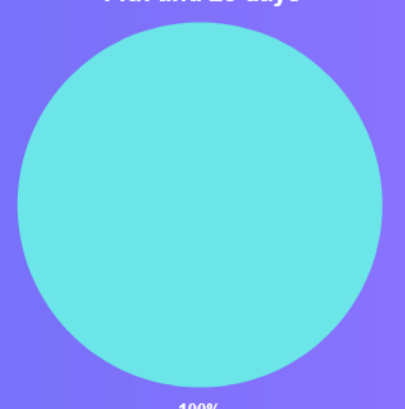


Table 5. Characteristics of participants by Type of Transmission

	Frequency	%
Local	28	96,55
Import	1	3,44

Figure 5. Characteristics of participants by Type of Transmission

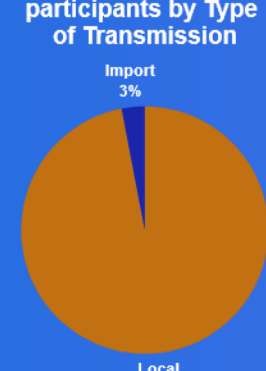


Table 6. Characteristics of participants by Microscopic Monitoring Outcomes On The 3 days

	Frequency	%
(+)	2	6,89
(-)	27	93,1

Figure 6. Characteristics of participants by Microscopic Monitoring Outcomes On The 3rd days

