# Analisis Survival: Dampak Komorbiditas Terhada Tingkat Mortalitas di DKI Jakarta Mei-September 2021

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Abstrak

Latar Belakang: COVID-19 merupakan penyakit yang dinamis dan mudah bermutasi, varian Delta yang menyebabkan lonjakan kasus dan mortalitas signifikan di Indonesia pada Mei ? September 2021. Berdampak pada tingginya beban fasilitas kesehatan dan isolasi mandiri. Studi ini spesifik mempelajari dampak komorbid terhadap mortalitas pasien COVID-19 yang menjalani isolasi mandiri pada periode tersebut.
Metode: Desain studi kohort retrospektif menggunakan data surveilans Dinkes DKI Jakarta, dengan total sampling pada eligible population. Dilakukan analisis kesintasan menggunakan kurva Kaplan Meier dan dilakukan evaluasi proportional hazard. Analisis multivariat dilakukan menggunakan Cox-Extended jika ditemukan pelanggaran proportional hazard
Hasil: Analisis melibatkan 15.088 kasus konfirmasi dengan tingkat kesintasan keseluruhan 96,31%. Kesintasan lebih rendah pada kelompok dengan komorbid, ≥60 tahun, laki laki dan memiliki gejala (p<0.00). Cox-extended menunjukan risiko kematian pada kelompok yang memiliki komorbid pada <7hari sebesar aHR3,78(IK95%2,94-4,87) dan pada ≥7hari sebesar aHR1,78(IK95%1,412-2,954). Gangguan imunologi [aHR13,13(IK95%2,79-91,76)] merupakan komorbid yang paling berperan meningkatkan mortalitas.
Kesimpulan: Risiko mortalitas selama masa pengamatan (30 hari) lebih tinggi pada kelompok yang memiliki komorbid, variabel lain yang berperan diantaranya usia lanjut, laki laki dan bergejala.
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Background: COVID-19 is a very dynamic disease. Recently, a new Delta variant caused a significant spike in morbidity and mortality in Indonesia from May to September 2021, inflicting a high burden on healthcare facilities and self-isolation services. This study aims to analyze the impact of comorbidities on the mortality of COVID-19 patients who underwent self-isolation during the stipulated period. Methods: The study was a retrospective cohort, using surveillance data from the DKI Jakarta Health Office. The data was sampled through a total sampling method for the eligible population. A survival analysis was performed using the Kaplan Meier curve and a proportional hazard evaluation was carried out. Multivariate analysis was assessed using Cox-Extended, if violation of proportional hazard assumption is found. Results: The analysis included 15,088 confirmed cases with overall survival of 96.31%. Survival was lower in the group with comorbid, aged ≥60 years, male, and symptomatic (p<0.00). Cox-extended showed a higher risk of mortality in the group with comorbidities at <7th days [aHR3.78(95% CI 2.94-4.87)] and at ≥7th days aHR1,78(IK95%1,412-2,954). Immunological disorder [aHR13,13(IK95%2,79-91,76)] was the most impactful comorbid towards mortality. Conclusion: This study concludes that the risk of mortality during the observational period (30 days) was higher in the comorbid group. Other contributing variables include old age, male gender, and exhibiting symptoms.