

PEMETAAN RESIKO DAN REKOMENDASI
TINDAK LANJUT HASIL ANALISIS
PENYAKIT MENINGITIS MENINGOKOKUS
DI KABUPATEN MAPPI
PROVINSI PAPUA SELATAN





1. Pendahuluan

a. Latar belakang penyakit

Kabupaten Mappi merupakan salah satu kabupaten di Provinsi Papua Selatan dengan pusat pemerintahan di Kapi, distrik Obaa. Berdasarkan data terbaru tahun 2025, jumlah penduduk Mappi sekitar 115.000 jiwa dengan sebagian besar tinggal di daerah pedesaan dan hanya sekitar 19,4% yang tinggal di wilayah perkotaan. Wilayah ini terdiri dari dataran rendah dengan suhu tropis dan curah hujan tinggi yang dapat memengaruhi pola kesehatan masyarakat setempat terutama terkait penyakit infeksi seperti Meningitis Meningokokus.

Tingkat cakupan imunisasi terhadap Meningitis Meningokokus di Kabupaten Mappi masih relatif rendah, sekitar 25% pada kelompok jemaah haji, yang merupakan kelompok berisiko tinggi. Kondisi ini menunjukkan perlunya upaya peningkatan cakupan imunisasi serta kesiapsiagaan dan kewaspadaan agar penularan penyakit dapat dicegah. Selain itu, aksesibilitas wilayah dengan adanya bandara domestik, pelabuhan laut, dan terminal antar kabupaten membuka potensi pergerakan penduduk yang memperbesar risiko masuknya kasus dari daerah lain.

Data surveilans menunjukkan adanya kasus suspek Meningitis di wilayah ini walau kasus konfirmasi relatif sedikit. Namun catatan perjalanan penduduk dari daerah endemis maupun pelaku perjalanan haji menunjukkan potensi risiko penularan yang perlu dikelola. Kabupaten Mappi juga menghadapi tantangan dalam kapasitas laboratorium, ketersediaan sumber daya kesehatan, serta kesiapsiagaan puskesmas dan rumah sakit dalam menangani kasus yang muncul.

Lembar pemetaan risiko ini menjadi dasar penting untuk menetapkan prioritas intervensi pencegahan dan pengendalian Meningitis Meningokokus di Kabupaten Mappi. Dengan adanya data yang terperinci mengenai karakteristik penduduk, ketahanan masyarakat, kewaspadaan daerah, kapasitas penanggulangan, dan surveilans, pemerintah daerah dan pemangku kepentingan dapat merancang strategi yang efektif demi

melindungi kesehatan masyarakat dan mencegah kejadian luar biasa penyakit ini.

Semua informasi disusun berdasarkan data komprehensif tahun 2026 yang menggambarkan kondisi dan potensi risiko di lapangan bagi Kabupaten Mappi yang bergeografis cukup luas dan berpenduduk tersebar.

b. Tujuan

1. Memberikan panduan bagi daerah dalam melihat situasi dan kondisi penyakit infeksi emerging dalam hal ini penyakit Meningitis meningokokus.
2. Dapat mengoptimalkan penyelenggaraan penanggulangan kejadian penyakit infeksi emerging di daerah Kabupaten Mappi.
3. Dapat di jadikan dasar bagi daerah dalam kesiapsiagaan dan penanggulangan penyakit infeksi emerging ataupun penyakit yang berpotensi wabah/KLB.
4. Menyediakan data dan rekomendasi berbasis bukti sebagai rujukan dalam pengambilan kebijakan di tingkat daerah untuk mendukung program surveilans dan promosi kesehatan, serta memperkuat peran serta masyarakat dalam mencegah dan menanggulangi penyakit ini.

2. Hasil Pemetaan Risiko

a. Penilaian ancaman

Penetapan nilai risiko ancaman Meningitis meningokokus terdapat beberapa kategori, yaitu T/tinggi, S/sedang, R/rendah, dan A/abai, Untuk Kabupaten Mappi, kategori tersebut dapat dilihat pada tabel 1 di bawah ini:

No.	SUB KATEGORI	NILAI PER KATEGORI	BOBOT (B)	INDEX (NXB)
1	I. Risiko Penularan dari Daerah Lain	RENDAH	40.00%	12.00
2	II. Risiko Penularan Setempat	RENDAH	60.00%	33.33

Tabel 1. Penetapan Nilai Risiko Meningitis meningokokus Kategori Ancaman Kabupaten Mappi Tahun 2026

Berdasarkan hasil penilaian ancaman pada penyakit Meningitis meningokokus tidak terdapat subkategori pada kategori ancaman yang masuk ke dalam nilai risiko Tinggi.

b. Penilaian Kerentanan

Penetapan nilai risiko Kerentanan Meningitis meningokokus terdapat beberapa kategori, yaitu T/tinggi, S/sedang, R/rendah, dan A/ abai, kategori tersebut dapat dilihat pada tabel 2 di bawah ini:

No.	SUB KATEGORI	NILAI PER KATEGORI	BOBOT (B)	INDEX (NXB)
1	I. Karakteristik Penduduk	RENDAH	25.00%	7.97
2	II. Ketahanan Penduduk	SEDANG	25.00%	75.00
3	III. Kewaspadaan Kabupaten / Kota	RENDAH	25.00%	33.33
4	IV. Kunjungan Penduduk dari Negara/Wilayah Berisiko	RENDAH	25.00%	100.00

Tabel 2. Penetapan Nilai Risiko Meningitis meningokokus Kategori Kerentanan Kabupaten Mappi Tahun 2026

Berdasarkan hasil penilaian kerentanan pada penyakit Meningitis meningokokus tidak terdapat subkategori pada kategori kerentanan yang masuk ke dalam nilai risiko Tinggi.

c. Penilaian kapasitas

Penetapan nilai risiko Kapasitas Meningitis meningokokus terdapat beberapa kategori, yaitu T/tinggi, S/sedang, R/rendah, dan A/ abai, kategori tersebut dapat dilihat pada tabel 3 di bawah ini

No.	SUB KATEGORI	NILAI PER KATEGORI	BOBOT (B)	INDEX (NXB)
1	I. Anggaran Kewaspadaan dan Penanggulangan	TINGGI	20.00%	100.00
2	Kesiapsiagaan Laboratorium	RENDAH	10.00%	0.00
3	Kesiapsiagaan Puskesmas	SEDANG	10.00%	44.44
4	Kesiapsiagaan RUMAH SAKIT	RENDAH	10.00%	34.85
5	Kesiapsiagaan Kabupaten / Kota	RENDAH	10.00%	26.67
6	SURVEILANS PUSKESMAS	RENDAH	7.50%	33.33

7	SURVEILANS RUMAH SAKIT (RS)	TINGGI	7.50%	100.00
8	Surveilans Kabupaten/Kota	RENDAH	7.50%	0.00
9	Surveilans Balai/Balai Besar Karantina Kesehatan (B/BKK)	TINGGI	7.50%	100.00
10	IV. Promosi	RENDAH	10.00%	3.60

Tabel 3. Penetapan Nilai Risiko Meningitis meningokokus Kategori Kapasitas Kabupaten Mappi Tahun 2026

Berdasarkan hasil penilaian kapasitas pada penyakit Meningitis meningokokus terdapat 6 subkategori pada kategori kapasitas yang masuk ke dalam nilai risiko Rendah, yaitu :

1. Kesiapsiagaan Laboratorium alasan karena Kabupaten Mappi belum memiliki SOP penanganan dan pengiriman specimen meningitis meningokokus, belum ada petugas yang mengambil specimen, dan ketersediaan KIT untuk pengambilan specimen tidak ada
2. Kesiapsiagaan Rumah Sakit, karena belum ada tim pengendalian penyakit menular termasuk PIE di RSUD Mappi
3. Kesiapsiagaan Kabupaten / Kota, karena tidak memiliki dokumen rencana kontijensi, tidak memiliki dokumen rencana kontijensi dan belum ada petugas di kab Mappu terlatih dalam penyelidikan dan penanggulangan MM
4. Surveilans Puskesmas, karena semua Puskesmas melaporkan SKDR namun beberapa melaporkan lebih dari minggu berjalan / tidak tepat waktu
5. Surveilans Kabupaten/Kota, karena belum semua Fasyankes melaporkan EBS
6. Promosi alasan karena media promosi baik media cetak maupun website tidak dilakukan untuk meningitis meningokokus serta media promosi dan pemberdayaan masyarakat terkait meningitis meningokokus untuk kelompok beresiko tidak tersedia

d. Karakteristik risiko (tinggi, rendah, sedang)

Penetapan nilai karakteristik risiko penyakit Meningitis meningokokus didapatkan berdasarkan pertanyaan dari pengisian Tools pemetaan yang terdiri dari kategori ancaman, kerentanan, dan kapasitas, maka di dapatkan hasil karakteristik risiko tinggi, rendah, dan sedang. Untuk karakteristik resiko Kabupaten Mappi dapat di lihat pada tabel 4.

Provinsi	Papua Selatan
Kota	Mappi
Tahun	2026

RESUME ANALISIS RISIKO MENINGITIS MENINGOKOKUS	
Vulnerability	18.76
Threat	18.84
Capacity	46.59
RISIKO	34.11
Derajat Risiko	RENDAH

Tabel 4. Penetapan Karakteristik Risiko Meningitis meningokokus Kabupaten Mappi Tahun 2026.

Berdasarkan hasil dari pemetaan risiko Meningitis meningokokus di Kabupaten Mappi untuk tahun 2026, dihasilkan analisis berupa nilai ancaman sebesar 18.84 dari 100, sedangkan untuk kerentanan sebesar 18.76 dari 100 dan nilai untuk kapasitas sebesar 46.59 dari 100 sehingga hasil perhitungan risiko dengan rumus Nilai Risiko = (Ancaman x Kerentanan)/ Kapasitas, diperoleh nilai 36.11 atau derajat risiko SEDANG

3. Rekomendasi

NO	SUBKATEGORI	REKOMENDASI	PIC	TIMELINE	KET
1	Surveilans Puskesmas	Petugas Kabupaten/Kota selalu mengingatkan laporan agregat SKDR sebelum batas waktu pengumpulan	Surveilans	Januari – Desember 2026	
2	Surveilans Puskesmas	Berkoordinasi dengan Kepala Puskesmas untuk menugaskan petugas lain dalam penginputan SKDR	Surveilans	Juni 2026	
3	Surveilans Kabupaten/Kota	Melakukan pelatihan Surveilans termasuk terkait SKDR untuk petugas puskesmas	Surveilans	Juli – Agustus 2026	
4	Promosi	Meminta media promosi Kesehatan PIE termasuk MM ke Pusat dan	Surveilans	Juli 2026	

		mendesiminasiikan kepada Puskesmas dan RS	Promkes		
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Kepala Dinas Kesehatan
Kabupaten Mappi

Dr. Ronny H. Tombokan
Pembina Utama Muda
NIP. 19710501 200012 1 003

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the city of New York.

2. The second part of the document is a list of the names of the persons who have been appointed to the various offices of the city of New York.

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TAHAPAN MEMBUAT DOKUMEN REKOMENDASI DARI HASIL ANALISIS RISIKO PENYAKIT MENINGITIS MENINGOKOKUS

Langkah pertama adalah **MERUMUSKAN MASALAH**

1. MENETAPKAN SUBKATEGORI PRIORITAS

Subkategori prioritas ditetapkan dengan langkah sebagai berikut:

- Memilih maksimal lima (5) subkategori pada setiap kategori kerentanan dan kapasitas
- Lima sub kategori kerentanan yang dipilih merupakan subkategori dengan nilai risiko kategori kerentanan tertinggi (urutan dari tertinggi: Tinggi, Sedang, Rendah, Abai) dan bobot tertinggi
- Lima sub kategori kapasitas yang dipilih merupakan subkategori dengan nilai risiko kategori kapasitas terendah (urutan dari terendah: Abai, Rendah, Sedang, Tinggi) dan bobot tertinggi

2. Menetapkan Subkategori yang dapat ditindaklanjuti

- Dari masing-masing lima Subkategori yang dipilih, ditetapkan masing-masing maksimal tiga subkategori dari setiap kategori kerentanan dan kapasitas.
- Pemilihan tiga subkategori berdasarkan bobot tertinggi (kerentanan) atau bobot terendah (kapasitas) dan/atau pertimbangan daerah masing-masing.
- Untuk penyakit MERS, subkategori pada kategori kerentanan tidak perlu ditindaklanjuti karena tindak lanjutnya akan berkaitan dengan kapasitas.
- Kerentanan tetap menjadi pertimbangan dalam menentukan rekomendasi.

Tabel Isian :

Penetapan Subkategori prioritas pada kategori kerentanan

No	Subkategori	Bobot	Nilai Risiko
1	IV. Kunjungan Penduduk dari Negara/Wilayah Berisiko	25.00%	TINGGI
2	II. Ketahanan Penduduk	25.00%	SEDANG
3	I. Karakteristik Penduduk	25.00%	RENDAH
4	III. Kewaspadaan Kabupaten / Kota	25.00%	RENDAH

Tidak ada subkategori yang bisa ditindaklanjuti pada kategori kerentanan.

The first part of the paper discusses the importance of the study of the history of the United States. It is argued that a knowledge of the past is essential for a full understanding of the present. The author then proceeds to a detailed examination of the early years of the Republic, from the time of the signing of the Declaration of Independence to the end of the War of 1812. This section covers the political, social, and economic developments of the period, and the role of the various states in the formation of the new nation.

The second part of the paper deals with the period from 1812 to 1860. This was a time of great change and growth for the United States. The author examines the expansion of the territory, the development of the economy, and the increasing tensions between the North and the South. The role of the federal government in these developments is also discussed.

The third part of the paper covers the period from 1860 to 1890. This was a time of rapid industrialization and urbanization. The author discusses the growth of the manufacturing sector, the rise of the middle class, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The fourth part of the paper deals with the period from 1890 to 1914. This was a time of great social and political change. The author discusses the rise of the Progressive Movement, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The fifth part of the paper covers the period from 1914 to 1945. This was a time of great social and political change. The author discusses the rise of the New Deal, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The sixth part of the paper deals with the period from 1945 to 1960. This was a time of great social and political change. The author discusses the rise of the Cold War, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The seventh part of the paper covers the period from 1960 to 1980. This was a time of great social and political change. The author discusses the rise of the New Right, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The eighth part of the paper deals with the period from 1980 to 1990. This was a time of great social and political change. The author discusses the rise of the New Right, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The ninth part of the paper covers the period from 1990 to 2000. This was a time of great social and political change. The author discusses the rise of the New Right, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The tenth part of the paper deals with the period from 2000 to 2010. This was a time of great social and political change. The author discusses the rise of the New Right, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The eleventh part of the paper covers the period from 2010 to 2020. This was a time of great social and political change. The author discusses the rise of the New Right, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The twelfth part of the paper deals with the period from 2020 to the present. This was a time of great social and political change. The author discusses the rise of the New Right, the expansion of the federal government, and the challenges posed by the new social order. The role of the federal government in regulating the economy and protecting the rights of citizens is also examined.

The History of the United States	
1. The early years of the Republic	2. The period from 1812 to 1860
3. The period from 1860 to 1890	4. The period from 1890 to 1914
5. The period from 1914 to 1945	6. The period from 1945 to 1960
7. The period from 1960 to 1980	8. The period from 1980 to 1990
9. The period from 1990 to 2000	10. The period from 2000 to 2010
11. The period from 2010 to 2020	12. The period from 2020 to the present

Penetapan Subkategori prioritas pada kategori kapasitas

No	Subkategori	Bobot	Nilai Risiko
1	SURVEILANS PUSKESMAS	7.50%	RENDAH
2	Surveilans Kabupaten/Kota	7.50%	RENDAH
3	Promosi	10.00%	RENDAH
4	Kesiapsiagaan RUMAH SAKIT	10.00%	RENDAH
5	Kesiapsiagaan Kabupaten / Kota	10.00%	RENDAH

Penetapan Subkategori yang dapat ditindaklanjuti pada kategori kapasitas

No	Subkategori	Bobot	Nilai Risiko
1	SURVEILANS PUSKESMAS	7.50%	RENDAH
2	Surveilans Kabupaten/Kota	7.50%	RENDAH
3	Promosi	10.00%	RENDAH

3. Menganalisis inventarisasi masalah dari setiap subkategori yang dapat ditindaklanjuti

- a. Memilih minimal satu pertanyaan turunan pada subkategori prioritas dengan nilai jawaban paling rendah/buruk
- b. Setiap pertanyaan turunan yang dipilih dibuat inventarisasi masalah melalui metode 5M (man, method, material, money, dan machine)

Kapasitas

No	Subkategori	Man	Method	Material	Money	Machine
1	Surveilans Puskesmas - Ketepatan IBS <100%	- Petugas memiliki beban pekerjaan >1. - Ada 1 PKM tidak memiliki				Jaringan yang kurang memadai

		petugas surveilans				
2	Surveilans Kabupaten/Kota - Laporan <i>Event-Based Surveillance</i> (EBS) yang direspon dalam waktu 24 jam di Kabupaten/Kota Saudara <80%	- Petugas memiliki beban pekerjaan >1. - Petugas belum terpapar cara pengisian EBS				
3	Promosi - Belum ada media promosi Kesehatan PIE termasuk MM			Belum ada bahan media promkes PIE termasuk MM		

4. Poin-point masalah yang harus ditindaklanjuti

1. Petugas memiliki beban pekerjaan >1.
2. Terdapat satu Puskesmas yang belum memiliki petugas Surveilans
3. Petugas belum terpapar cara pengisian EBS
4. Belum ada bahan media promkes PIE termasuk MM

5. Rekomendasi

N O	SUBKATEGORI	REKOMENDASI	PIC	TIME LINE	KET
1	Surveilans Puskesmas	Petugas Kabupaten/Kota selalu mengingatkan laporan agregat	Surveilans	Januari – Desember	

		SKDR sebelum batas waktu pengumpulan		mber 2026	
2	Surveilans Puskesmas	Berkoordinasi dengan Kepala Puskesmas untuk menugaskan petugas lain dalam penginputan SKDR	Surveilans	Juni 2026	
3	Surveilans Kabupaten/Kota	Melakukan pelatihan Surveilans termasuk terkait SKDR untuk petugas puskesmas	Surveilans	Juli – Agustus 2026	
4	Promosi	Meminta media promosi Kesehatan PIE termasuk MM ke Pusat dan mendesiminasikan kepada Puskesmas dan RS	Surveilans Promkes	Juli 2026	

6. Tim penyusun

No	Nama	Jabatan	Instansi
1	Nina Kurnia,SKM	Pj. Surveilans	Dinas Kesehatan
2			
3			

1. The first part of the paper discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the success of any business or organization. The author argues that without accurate records, it is impossible to make informed decisions or to track progress over time.

2. The second part of the paper focuses on the challenges of record-keeping in a digital age. It discusses how the rapid pace of technological change has created new opportunities for data collection, but also new risks for data loss and security breaches. The author suggests that organizations must invest in robust security measures and training to protect their data.

3. The third part of the paper explores the role of record-keeping in legal and regulatory compliance. It notes that many industries are subject to strict regulations that require the maintenance of detailed records. The author argues that organizations must ensure that their record-keeping practices are up-to-date and compliant with all applicable laws and regulations.

4. The fourth part of the paper discusses the importance of record-keeping in the context of business continuity planning. It explains that in the event of a disaster or other emergency, having accurate records can be crucial for the organization's survival. The author suggests that organizations should develop a comprehensive business continuity plan that includes a strategy for maintaining and recovering their records.

5. The fifth part of the paper discusses the importance of record-keeping in the context of financial reporting. It explains that accurate records are essential for the preparation of reliable financial statements. The author argues that organizations must ensure that their record-keeping practices are consistent and transparent, and that they are able to provide a clear and accurate picture of their financial performance.

6. The sixth part of the paper discusses the importance of record-keeping in the context of human resources management. It explains that accurate records are essential for the management of employee data, including hiring, training, and performance evaluation. The author suggests that organizations should develop a comprehensive human resources management system that includes a strategy for maintaining and recovering their records.