DAFTAR PUSTAKA

Abbas, S., Abbas, B., Amir, S., & Wajahat, M. (2021). Evaluation of adverse effects with COVID-19 vaccination in Pakistan. *Pakistan Journal of Medical Sciences*, *37*(7), 1959–1964.

Akha, A. A. S. (2018). Aging and the immune system: An overview. *Journal of Immunological Methods*, *463*, 21–26.

Al Khames Aga, Q. A., Alkhaffaf, W. H., Hatem, T. H., Nassir, K. F., Batineh, Y., Dahham, A. T., Shaban, D., Khames, Al Aga, L. A., Agha, M., & Traqchi, M. (2021). Safety of COVID-19 vaccines. *Journal of Medical Virology*, *93*(12), 6588–6594.

Anjorin, A. A., Odetokun, I. A., Nyandwi, J. B., Elnadi, H., Awiagah, K. S., Eyedo, J., Abioye, A. I., Gachara, G., Maisara, A. M., Razouqi, Y., Yusuf Mohamud, M. F., Mhgoob, Z. E., Ajayi, T., Ntirenganya, L., Saibu, M., Salako, B. L., Elelu, N., Wright, K. O., Fasina, F. O., & Mosbah, R. (2022). Public Health Surveillance for Adverse Events Following COVID-19 Vaccination in Africa. *Vaccines*, *10*(4), 546.

As-Suyuthi, J. (2013). *Al-Asybah Wa An-Nazhair Fi Qawaid Wa Furu'i Fiqh Asy-Syafi'iyyah*. Dar Al-Hadits.

Ashmawy, R., Hamdy, N. A., Elhadi, Y., Alqutub, S. T., Esmail, O. F., Abdou, M., Reyad, O. A., El-Ganainy, S. O., Gad, B. K., Nour El-Deen, A. E., Kamal, A., ElSaieh, H., Elrewiny, E., Shaaban, R., & Ghazy, R. M. (2022). A Meta-Analysis on the Safety and Immunogenicity of Covid-19 Vaccines. *Journal of Primary Care & Community Health*, *13*, 21501319221089256.

Australian Government. (2021). *COVID-19 Side Effect: Side effect you might have after vaccination* (pp. 6–8). Australian Government.

Baden, L. R., El Sahly, H. M., Essink, B., Kotloff, K., Frey, S., Novak, R., Diemert, D., Spector, S. A., Rouphael, N., Creech, C. B., McGettigan, J., Khetan, S., Segall, N., Solis, J., Brosz, A., Fierro, C., Schwartz, H., Neuzil,

K., Corey, L., … COVE Study Group. (2021). Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine. *The New England Journal of Medicine*, *384*(5), 403–416.

Bahar, N. B., Samodder, M., Mamun, M., Aknur Rahman, M., Ferdousy, S., Akter, T., Aktar, F., Kuddus, M. R., Rahman, M. M., Sarker, M., Büyüker, S. M., Chowdhury, J. A., Chowdhury, A. A., & Amran, M. S. (2021). A Retrospective Cross-Sectional Study Assessing Self-Reported Adverse Events following Immunization (AEFI) of the COVID-19 Vaccine in Bangladesh. *Vaccines*, *9*(10), 1090.

Batista, E. C. C., Ferreira, A. P., Oliveira, V. C. de, Amaral, G. G., Jesus, R. F. de, Quintino, N. D., Viegas, S. M. da F., & Guimarães, E. A. de A. (2021). Active surveillance of adverse events following immunization in primary health care. *Acta Paulista de Enfermagem*, *34*, eAPE002335.

Bharati, K. (2021). COVID-19 Vaccines: Current Status and Future Prospects. *Indian Science Cruiser*, *35*(5), 37–48.

Bhardwaj, P. (2019). Types of sampling in research. *Journal of the Practice of Cardiovascular Sciences*, *5*(3), 157–163.

Bhatt, S. P., Kim, Y. I., Harrington, K. F., Hokanson, J. E., Lutz, S. M., Cho, M. H., DeMeo, D. L., Wells, J. M., Make, B. J., Rennard, S. I., Washko, G. R., Foreman, M. G., Tashkin, D. P., Wise, R. A., Dransfield, M. T., Bailey, W. C., & COPDGene Investigators. (2018). Smoking duration alone provides stronger risk estimates of chronic obstructive pulmonary disease than pack-years. *Thorax*, *73*(5), 414–421.

Borroni, E., Consonni, D., Cugno, M., Lombardi, A., Mangioni, D., Bono, P., Oggioni, M., Uceda Renteria, S., Bordini, L., Nava, C. D., Letzgus, M., Gentiloni Silverj, F., Castaldi, S., Rognoni, M., Cavallieri D'Oro, L., Carugno, M., Riboldi, L., Ceriotti, F., Bandera, A., … Pesatori, A. C. (2021). Side effects among healthcare workers from a large Milan university hospital

after second dose of BNT162b2 mRNA COVID-19 vaccine. *La Medicina Del Lavoro*, *112*(6), 477–485.

BPS Kecamatan Medan Perjuangan. (2021). *Kecamatan Medan Perjuangan Dalam Angka 2021*.

BPS Kota Medan. (2021). *Medan Dalam Angka 2021*.

Budiono, H., & Jonathan. (2014). *Statistik Terapan: Aplikasi untuk Riset Skripsi, Tesis dan Disertasi*. Elex Media Komputindo.

Burhan, E., Susanto, A. D., Sally, A., Nasution, E. G., Pitoyo, C. W., Susilo, A., Isman Firdaus, A., Santoso, Arifa, D. J., Syafri Kamsul Arif L, N., Wulung, Damayanti, T., Heru, W., Wiyono, P., Isbaniah, F., Handayani, D., Soedarsono, Harsini, J. R., Sugiri, … Tarigan, R. H. (2020). COVID-19. 1st ed. In *Perhimpunan Dokter Paru Indonesia*.

Caliskan, T., & Saylan, B. (2020). Smoking and comorbidities are associated with COVID-19 severity and mortality in 565 patients treated in Turkey: a retrospective observational study. *Revista Da Associação Médica Brasileira*, *66*, 1679–1684.

CDC. (2020). *Smoking and Overal Health*.

CDC. (2021). *V-safe active surveillance for COVID-19 vaccine safety*.

CDC, & ACIP. (2021). *COVID-19 VaST Work Group report – May 17, 2021*.

Chang, J. T., Anic, G. M., Rostron, B. L., Tanwar, M., & Chang, C. M. (2021). Cigarette Smoking Reduction and Health Risks: A Systematic Review and Meta-analysis. *Nicotine & Tobacco Research : Official Journal of the Society for Research on Nicotine and Tobacco*, *23*(4), 635–642.

Chen, G., Li, X., Sun, M., Zhou, Y., Yin, M., Zhao, B., & Li, X. (2021). COVID-19 mRNA Vaccines Are Generally Safe in the Short Term: A Vaccine Vigilance Real-World Study Says. *Frontiers in Immunology*, *12*, 669010.

Chen, N., Zhou, M., Dong, X., Qu, J., Gong, F., Han, Y., & Zhang, L. (2020).

Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *The Lancet*, *395*(10223), 507–513.

Clem, A. S. (2011). Fundamentals of vaccine immunology. *Journal of Global Infectious Diseases*, *3*(1), 73.

Danova, J., Kocourkova, A., & Celko, A. M. (2017). Active surveillance study of adverse events following immunisation of children in the Czech Republic. *BMC Public Health*, *17*(1), 167.

Dar-Odeh, N., Abu-Hammad, O., Qasem, F., Jambi, S., Alhodhodi, A., Othman, A., Abu-Hammad, A., Al-Shorman, H., Ryalat, S., & Abu-Hammad, S. (2022). Long-term adverse events of three COVID-19 vaccines as reported by vaccinated physicians and dentists, a study from Jordan and Saudi Arabia. *Human Vaccines & Immunotherapeutics*, *18*(1), 2039017.

Darraj, M. A., & Al-Mekhlafi, H. M. (2022). Prospective Evaluation of Side-Effects Following the First Dose of Oxford/AstraZeneca COVID-19 Vaccine among Healthcare Workers in Saudi Arabia. *Vaccines*, *10*(2), 223.

De Wit, E., Van Doremalen, N., Falzarano, D., & Munster, V. J. (2016). SARS and MERS: recent insights into emerging coronaviruses. *Nature Reviews Microbiology*, *14*(8), 523–534.

Dewi, S. M. (2022). *Faktor risiko terjadiya kejadian ikutan pasca imunisasi (KIPI) pada penerima vaksin Covid-19 dosis pertama di Kecamatan Cimanggis Kota Depok Tahun 2021*.

Di Pasquale, A., Bonanni, P., Garçon, N., Stanberry, L. R., El-Hodhod, M., & Da Silva, F. T. (2016). Vaccine safety evaluation: practical aspects in assessing benefits and risks. *Vaccine*, *34*(52), 6672–6680.

Dinkes Kota Medan. (2022). *Laporan Cakupan Vaksinasi*.

Dunkle, L. M., Kotloff, K. L., Gay, C. L., Áñez, G., Adelglass, J. M., Barrat

Hernández, A. Q., Harper, W. L., Duncanson, D. M., McArthur, M. A., Florescu, D. F., McClelland, R. S., Garcia-Fragoso, V., Riesenberg, R. A., Musante, D. B., Fried, D. L., Safirstein, B. E., McKenzie, M., Jeanfreau, R. J., Kingsley, J. K., … 2019nCoV-301 Study Group. (2022). Efficacy and Safety of NVX-CoV2373 in Adults in the United States and Mexico. *The New England Journal of Medicine*, *386*(6), 531–543.

Eva, P. (2022). *Analisis Kondisi dan Strategi Pengembangan Digital Marketing Dalam Mempertahankan Produksi Kopi Ditengah Pandemi Covid-19 Dalam Persepektif Ekonomi Islam (Studi Kasus Pada UMKM Kopi di Lampung Barat)*.

Falsey, A. R., Sobieszczyk, M. E., Hirsch, I., Sproule, S., Robb, M. L., Corey, L., Neuzil, K. M., Hahn, W., Hunt, J., Mulligan, M. J., McEvoy, C., DeJesus, E., Hassman, M., Little, S. J., Pahud, B. A., Durbin, A., Pickrell, P., Daar, E. S., Bush, L., … AstraZeneca AZD1222 Clinical Study Group. (2021). Phase 3 Safety and Efficacy of AZD1222 (ChAdOx1 nCoV-19) Covid-19 Vaccine. *The New England Journal of Medicine*, *385*(25), 2348–2360.

Ferrara, P., Gianfredi, V., Tomaselli, V., & Polosa, R. (2022). The Effect of Smoking on Humoral Response to COVID-19 Vaccines: A Systematic Review of Epidemiological Studies. *Vaccines*, *10*(2), 303.

Fitzpatrick, M. (2006). The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis. *Journal of the Royal Society of Medicine*, *99*(3), 156.

Florindo, H. F., Kleiner, R., Vaskovich-Koubi, D., Acúrcio, R. C., Carreira, B., Yeini, E., Tiram, G., Liubomirski, Y., & Satchi-Fainaro, R. (2020). Immune-mediated approaches against COVID-19. *Nature Nanotechnology*, *15*(8), 630–645.

Green, M. S., Peer, V., Magid, A., Hagani, N., Anis, E., & Nitzan, D. (2022). Gender Differences in Adverse Events Following the Pfizer-BioNTech

COVID-19 Vaccine. *Vaccines*, *10*(2), 233.

Handayani, L. L. (2015). *Hubungan Perubahan Fisik Dengan Kecemasan Pada Wanita Menopause Di Dusun Gatak Bokoharjo Prambanan Sleman Yogyakarta*. STIKES Aisyiyah Yogyakarta.

Hause, A. M., Baggs, J., Gee, J., Marquez, P., Myers, T. R., Shimabukuro, T. T., & Shay, D. K. (2021). Safety monitoring of an additional dose of COVID-19 vaccine—United States, August 12–September 19, 2021. *Morbidity and Mortality Weekly Report*, *70*(39), 1379.

Hidayat, R., Mustika, A. P., Avisha, F., Djuliannisaa, Z., Winari, D. D., Putri, R. A., Lisman, H. M., Davin, V., Widhani, A., Aini, M. H., Rahmadani, M., Istanti, N. D., & Giantini, A. (2022). Surveillance of Adverse Events Following Immunization (AEFI) after Third Dose Booster Vaccination with mRNA-Based Vaccine in Universitas Indonesia Hospital Health Personnel. *Vaccines*, *10*(6), 877.

Hilmer, S. N., Petrovic, M., Le Couteur, D. G., Schwartz, J. B., & Thuermann, P. (2021). Development, evaluation and use of COVID-19 vaccines in older adults: Preliminary principles for the pandemic and beyond. *British Journal of Clinical Pharmacology*, *87*(9), 3459–3461.

Hoeve, C. E., Gadroen, K., Kwa, M., van Haren, A., Sturkenboom, M., & Straus, S. (2020). Fatal outcomes following immunization errors as reported to the Eudra Vigilance: A case series. *Vaccine*, *38*(15), 3086–3095.

Honour, J. W. (2018). Biochemistry of the menopause. *Annals of Clinical Biochemistry*, *55*(1), 18–33.

Hwang, S. M., Choe, K. W., Cho, S. H., Yoon, S. J., Park, D. E., Kang, J. S., Kim, M. J., Chun, B. C., & Lee, S. M. (2011). The adverse events of influenza A (H1N1) vaccination and its risk factors in healthcare personnel in 18 military healthcare units in Korea. *Japanese Journal of Infectious Diseases*, *64*(3), 183–189.

Imai, K., Tanaka, F., Kawano, S., Esaki, K., Arakawa, J., Nishiyama, T., Seno, S., Hatanaka, K., Sugiura, T., Kodama, Y., Yamada, S., Iwamoto, S., Takesima, S., Abe, N., Kamae, C., Aono, S., Ito, T., Yamamoto, T., & Mizuguchi, Y. (2022). Incidence and Risk Factors of Immediate Hypersensitivity Reactions and Immunisation Stress-related Responses with COVID-19 mRNA Vaccine. *MedRxiv*, 22269134.

Indanah, I., Faridah, U., & Kurniadi, D. (2022). Faktor-faktor yang berhubungan dengan reaksi kipi pasca pemberian vaksin covid-19 pada siswa smp x kabupaten kudus. *Indonesia Jurnal Perawat*, *7*(1), 14–22.

Jayatilake, J. A. M. A., Karunaratne, H. M. A. H., Perera, K. Y. D., Dissanayake, Y., Dileka, W. S. C., Weerasinghe, I. E., & Jayatilake, J. A. M. S. (2022). Study on the adverse events following immunization (AEFI) of ChAdOx1 nCoV-19 vaccine in a group of Sri Lankan medical officers. *Sri Lankan Journal of Infectious Diseases*, *12*(1), 1–11.

Jeddy, N., & Lakshmi, S. L. (2021). Coronavirus disease 2019 and its vaccines: An update. *Journal of Oral and Maxillofacial Pathology: JOMFP*, *25*(1), 5.

Jiang, C., Chen, Q., & Xie, M. (2020). Smoking increases the risk of infectious diseases: A narrative review. *Tobacco Induced Diseases*, *18*, 60.

Joshi, R. K., Muralidharan, C. G., Gulati, D. S., Mopagar, V., Dev, J. K., Kuthe, S., Rather, A. A., Sahoo, A. K., Joshi, R. K., Muralidharan, C. G., Gulati, D. S., Mopagar, V., Dev, J. K., Kuthe, S., Rather, A. A., & Sahoo, A. K. (2021). Higher incidence of reported adverse events following immunisation (AEFI) after first dose of COVID-19 vaccine among previously infected health care workers. *Medical Journal, Armed Forces India*, *77*(2), S505–S507.

Kant, A., Jansen, J., van Balveren, L., & van Hunsel, F. (2021). Description of Frequencies of Reported Adverse Events Following Immunization Among Four Different COVID-19 Vaccine Brands. *Drug Safety*, 1–13.

Kaur, R. J., Dutta, S., Bhardwaj, P., Charan, J., Dhingra, S., Mitra, P., Singh, K.,

Yadav, D., Sharma, P., & Misra, S. (2021). Adverse Events Reported From COVID-19 Vaccine Trials: A Systematic Review. *Indian Journal of Clinical Biochemistry : IJCB*, *36*(4), 427–439.

Kaur, S., Singh, A., Saini, S., Rohilla, L., Kaur, J., Chandi, A., Kaur, G., Singh, M., Kumar, P., Soni, S. L., Kajal, K., Naik, N. B., Malhotra, P., Verma, S., Gupta, M., Devnani, M., Das, K., Pandav, S. S., & Puri, G. D. (2022). Reporting adverse events of ChAdOx1 nCoV-19 coronavirus vaccine (Recombinant) among the vaccinated healthcare professionals: A cross-sectional survey. *The Indian Journal of Medical Research*, *10*, 4103.

Kaur, U., Ojha, B., Pathak, B. K., Singh, A., Giri, K. R., Singh, A., Das, A., Misra, A., Yadav, A. K., Kansal, S., & Chakrabarti, S. S. (2021). prospective observational safety study on ChAdOx1 nCoV-19 corona virus vaccine (recombinant) use in healthcare workers- first results from India. *E Clinical Medicine*, *38*, 101038.

Kim, E. J., Yoon, S. J., Kim, Y. E., Go, D. S., & Jung, Y. (2018). Effects of Aging and Smoking Duration on Cigarette Smoke-Induced COPD Severity. *Journal of Korean Medical Science*, *34*(1).

Kim, M. A., Lee, Y. W., Kim, S. R., Kim, J. H., Min, T. K., Park, H. S., Shin, M., Ye, Y. M., Lee, S., Lee, J., Choi, J. H., Jang, G. C., & Chang, Y. S. (2021). COVID-19 Vaccine-associated Anaphylaxis and Allergic Reactions: Consensus Statements of the KAAACI Urticaria/Angioedema/Anaphylaxis Working Group. *Allergy, Asthma & Immunology Research*, *13*(4), 526–544.

Kitagawa, H., Kaiki, Y., Sugiyama, A., Nagashima, S., Kurisu, A., Nomura, T., Omori, K., Akita, T., Shigemoto, N., Tanaka, J., & Ohge, H. (2022). Adverse reactions to the BNT162b2 and mRNA-1273 mRNA COVID-19 vaccines in Japan. *Journal of Infection and Chemotherapy : Official Journal of the Japan Society of Chemotherapy*, *28*(4), 576–581.

Klein, S. L., & Flanagan, K. L. (2016). Sex differences in immune responses.

Nature Reviews Immunology, *16*(10), 626–638.

Klein, S. L., Marriott, I., & Fish, E. N. (2015). Sex-based differences in immune function and responses to vaccination. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, *109*(1), 9–15. https://doi.org/10.1093/trstmh/tru167

Koesnoe, S. (2021). *Teknis Pelaksanaan Vaksin Covid dan Antisipasi KIPI*.

Kojima, N., & Klausner, J. D. (2022). Protective immunity after recovery from SARS-CoV-2 infection. The Lancet. *The Lancet Infectious Diseases*, *22*(1), 12–14.

Krammer, F. (2020). SARS-CoV-2 vaccines in development. *Nature*, *586*(7830), 516–527.

Lapau, B. (2017). *Prinsip & Metode Epidemiologi* (Edisi Pert). Kencana.

Lee, S. W., Lee, H., Lee, S. K., Moon, J. Y., Moon, S., Chung, S. J., Yeo, Y., Park, T. S., Won Park, D., Kim, T. H., Sohn, J. W., Yoon, H. J., & Kim, S. H. (2021). Risk Factors for Grade 3 to Grade 4 Adverse Reactions to the ChAdOx1 nCoV-19 Vaccine (AZD1222) Against SARS-CoV-2. *Frontiers in Medicine*, *8*, 738049.

Levani, Y., Prastya, A. D., & Mawaddatunnadila, S. (2021). Coronavirus Disease 2019 (COVID-19): Patogenesis, Manifestasi Klinis dan Pilihan Terapi. *Jurnal Kedokteran Dan Kesehatan*, *17*(1), 44–57.

Li, G., Fan, Y., Lai, Y., Han, T., Li, Z., Zhou, P., Pan, P., Wang, W., Hu, D., Liu, X., Zhang, Q., & , Wu, J. (2020). Coronavirus infections and immune responses. *J Med Virol*, *92*(4), 424–432.

Liu, Q., Qin, C., Liu, M., & Liu, J. (2021). Effectiveness and safety of SARS-CoV-2 vaccine in real-world studies: a systematic review and meta-analysis. *Infectious Diseases of Poverty*, *10*(1), 132.

Lopes, S. R., Perin, J. L., Prass, T. S., Carvalho, S. M. D., Lessa, S. C., & Dórea,

J. G. (2018). Adverse events following immunization in Brazil: age of child and vaccine-associated risk analysis using logistic regression. *International Journal of Environmental Research and Public Health*, *15*(6), 1149.

Lounis, M., Rais, M. A., Bencherit, D., Aouissi, H. A., Oudjedi, A., Klugarová, J., Pokorná, A., Klugar, M., & Riad, A. (2022). Side Effects of COVID-19 Inactivated Virus vs. Adenoviral Vector Vaccines: Experience of Algerian Healthcare Workers. *Frontiers in Public Health*, *10*, 896343.

Lu, H. (2020). Drug treatment options for the 2019-new coronavirus (2019-nCoV). *Bioscience Trends*, *14*(1), 69–71.

Lucena, A. R. F. P., Souza, L. R. D. O., Percio, J., Carvalho, S. M. D., Romano, A. P. M., & Domingues, C. M. A. S. (2020). Factors associated with severity of adverse events following yellow fever vaccination during the biggest outbreak of the disease recorded in Brazil, 2016-2017. *Epidemiologia e Serviçosde Saúde*, *29*(1), e2018331.

Makmun, A., & Hazhiyah, S. F. (2020). Tinjauan Terkait Pengembangan Vaksin Covid 19. *Molucca Medica*, 52–59.

Malik, R., Indah, D., Wati, D. L., Dewi, S. M., & Budiarso, L. (2021). Upaya Pelaksanaan dan Pemantauan Kejadian KIPI Pada Pelaksanaan Vaksinasi Covid-19. *Prosiding SENAPENMAS*, 1011–1016.

Mashuri, M., Delima, E. M., & Rusny, R. (2020). *Everything About Corona: Mulai dari Sejarah, Genom virus SARS-COV-2, analisis filogenetik, Mutasi Virus, Keragaman Genetik, Epidemiologi COVID 19, Sumber Infeksi, Faktor Risiko, Karakteristik Klinis, daftar obat, sampai tindakan pencegahan penyebaran viru*.

Massa, F., Cremoni, M., Gérard, A., Grabsi, H., Rogier, L., Blois, M., Couzin, C., Hassen, N. B., Rouleau, M., Barbosa, S., Martinuzzi, E., Fayada, J., Bernard, G., Favre, G., Hofman, P., Esnault, V., Czerkinsky, C., Seitz-Polski, B., Glaichenhaus, N., & Sicard, A. (2021). Safety and cross-variant

immunogenicity of a three-dose COVID-19 mRNA vaccine regimen in kidney transplant recipients. *EBioMedicine*, *73*, 103679.

Mathioudakis, A. G., Ghrew, M., Ustianowsky, A., Ahmad, S., Borrow, R., Papavasileiou, L. P., Petrakis, D., & Bakerly, N. D. (2021). Self-Reported Real-World Safety and Reactogenicity of COVID-19 Vaccines: A Vaccines Recipient Survey. *Life*, *11*(3), 249.

McCartney, P. R. (2020). Sex-Based Vaccine Response in the Context of COVID-19. *Journal of Obstetric, Gynecologic, and Neonatal Nursing : JOGNN*, *49*(5), 405–408. https://doi.org/10.1016/j.jogn.2020.08.001

Mohsin, M., Mahmud, S., Mian, A. U., Hasan, P., Muyeed, A., Islam, A., & Rahman, M. S. (2022). Side effects of COVID-19 vaccines and perceptions about COVID-19 and its vaccines in Bangladesh. *MedRxiv*.

Nurul Fadhilah, S. S. T., Abdurrahman Misno, B. P., MEI, A., Harisah, S. E., & M Sy, H. (2020). *Kumpulan Kultumn Ekonomi Syariah* (seri 2). Komite Nasional Ekonomi dan Keuangan Syariah.

Paczkowska, A., Hoffmann, K., Michalak, M., Hans-Wytrychowska, A., Bryl, W., Kopciuch, D., Zaprutko, T., Ratajczak, P., Nowakowska, E., & Kus, K. (2022). Safety Profile of COVID-19 Vaccines among Healthcare Workers in Poland. *Vaccines*, *10*(3), 434.

PAHO. (2022). *Consolidated regional and global information on adverse events following immunization (aefi) against covid-19 and other updates*.

Panenggak, N. S. R., Pembayun, N. S. R., Erta, E., Dewi, H. S. C. P., & Nurhasan, N. (2022). Efek Samping dan Reaktogenisitas Vaksin Covid-19: Survei Penerima Vaksin. *Syntax Literate; Jurnal Ilmiah Indonesia*, *6*(2), 1688–1696.

Parida, S. P., Sahu, D. P., Singh, A. K., Alekhya, G., Subba, S. H., Mishra, A., Padhy, B. M., & Patro, B. K. (2022). Adverse events following immunization of COVID-19 (Covaxin) vaccine at a tertiary care center of

India. *Journal of Medical Virology*.

Patel, P. K., Al Rawahi, B., Al Jawari, A., Al Abaidani, I., & Al Abri, S. (2018). Surveillance of adverse events following immunization in Oman, 2006-2015. *EMHJ-Eastern Mediterranean Health Journal*, *24*(119–126).

Pavord, S., Scully, M., Hunt, B. J., Lester, W., Bagot, C., Craven, B., Rampotas, A., Ambler, G., & Makris, M. (2021). Clinical Features of Vaccine-Induced Immune Thrombocytopenia and Thrombosis. *The New England Journal of Medicine*, *385*(18), 1680–1689.

Polack, F. P., Thomas, S. J., Kitchin, N., Absalon, J., Gurtman, A., Lockhart, S., Perez, J. L., Pérez Marc, G., Moreira, E. D., Zerbini, C., Bailey, R., Swanson, K. A., Roychoudhury, S., Koury, K., Li, P., Kalina, W. V., Cooper, D., Frenck, R. W., Jr Hammitt, L. L., … C4591001 Clinical Trial Group. (2020). Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. *The New England Journal of Medicine*, *383*(27), 2603–2615.

Poland, G. A., Ovsyannikova, I. G., & Kennedy, R. B. (2020). SARS-CoV-2 immunity: review and applications to phase 3 vaccine candidates. *The Lancet*, *396*(10262), 1595–1606.

Pormohammad, A., Zarei, M., Ghorbani, S., Mohammadi, M., Razizadeh, M. H., Turner, D. L., & Turner, R. J. (2021). Efficacy and Safety of COVID-19 Vaccines: A Systematic Review and Meta-Analysis of Randomized Clinical Trials. *Vaccines*, *9*(5), 467.

Pourhoseingholi, M. A., Vahedi, M., & Rahimzadeh, M. (2013). Sample size calculation in medical studies. *Gastroenterology and Hepatology from Bed to Bench*, *6*(1), 14.

Pratikstha, M. I. A. (2020). *Hubungan indeks massa tubuh (imt) dan ukuran lingkar perut terhadap kadar antibodi sars-cov-2 pascavaksinasi kedua*. Universitas Sriwijaya.

Puchalski, M., Kamińska, H., Bartoszek, M., Brzewski, M., & Werner, B. (2022).

COVID-19-Vaccination-Induced Myocarditis in Teenagers: Case Series with Further Follow-Up. *International Journal of Environmental Research and Public Health*, *19*(6), 3456.

Riad, A., Pokorná, A., Attia, S., Klugarová, J., Koščík, M., & Klugar, M. (2021). Prevalence of COVID-19 Vaccine Side Effects among Healthcare Workers in the Czech Republic. *Journal of Clinical Medicine*, *10*(7), 1428.

Rindfleisch, A., Malter, A. J., Ganesan, S., & Moorman, C. (2008). Cross-sectional versus longitudinal survey research: Concepts, findings, and guidelines. *Journal of Marketing Research*, *45*(3), 261–279.

Ripabelli, G., Tamburro, M., Buccieri, N., Adesso, C., Caggiano, V., Cannizzaro, F., Di Palma, M. A., Mantuano, G., Montemitro, V. G., Natale, A., Rodio, L., & Sammarco, M. L. (2022). Active Surveillance of Adverse Events in Healthcare Workers Recipients After Vaccination with COVID-19 BNT162b2 Vaccine (Pfizer-BioNTech, Comirnaty): A Cross-Sectional Study. *Journal of Community Health*, *47*(2), 211–225.

Rolfes, L., Härmark, L., Kant, A., van Balveren, L., Hilgersom, W., & van Hunsel, F. (2022). COVID-19 vaccine reactogenicity - A cohort event monitoring study in the Netherlands using patient reported outcomes. *Vaccine*, *40*(7), 970–976.

Saadat, S., Rikhtegaran Tehrani, Z., Logue, J., Newman, M., Frieman, M. B., Harris, A. D., & Sajadi, M. M. (2021). Binding and Neutralization Antibody Titers After a Single Vaccine Dose in Health Care Workers Previously Infected With SARS-CoV-2. *JAMA*, *325*(14), 1467–1469.

Sadoff, J., Gray, G., Vandebosch, A., Cárdenas, V., Shukarev, G., Grinsztejn, B., Goepfert, P. A., Truyers, C., Fennema, H., Spiessens, B., Offergeld, K., Scheper, G., Taylor, K. L., Robb, M. L., Treanor, J., Barouch, D. H., Stoddard, J., Ryser, M. F., Marovich, M. A., … Group, E. S. (2021). Safety and Efficacy of Single-Dose Ad26.COV2.S Vaccine against Covid-19. *The*

New England Journal of Medicine, *384*(23), 2187–2201.

Safira, M., Peranginangin, M., & Saputri, G. A. R. (2021). Evaluasi Monitoring Kejadian Ikutan Pasca Imunisasi (KIPI) Vaksin Covid-19 (Coronavac) pada Tenaga Kesehatan di Rumah Sakit Imanuel Bandar Lampung. *Jurnal Mandala Pharmacon Indonesia*, *7*(2), 251–262.

Shiels, M. S., Katki, H. A., Freedman, N. D., Purdue, M. P., Wentzensen, N., Trabert, B., Kitahara, C. M., Furr, M., Li, Y., Kemp, T. J., Goedert, J. J., Chang, C. M., Engels, E. A., Caporaso, N. E., Pinto, L. A., Hildesheim, A., & Chaturvedi, A. K. (2014). Cigarette smoking and variations in systemic immune and inflammation markers. *Journal of the National Cancer Institute*, *106*(11), dju294.

Subedi, P., Yadav, G. K., Paudel, B., Regmi, A., & Pyakurel, P. (2021). Adverse events following the first dose of Covishield (ChAdOx1 nCoV-19) vaccination among health workers in selected districts of central and western Nepal: A cross-sectional study. *PloS One*, *16*(12), e0260638.

Supangat, Sakinah, E. N., Nugraha, M. Y., Qodar, T. S., Mulyono, B. W., & Tohari, A. I. (2021). *COVID-19 Vaccines Programs: adverse events following immunization (AEFI) among medical Clerkship Student in Jember, Indonesia*.

Susilo, A., Rumende, C. M., Pitoyo, C., Santoso, W., Djoko, W., Yulianti, M., Herikurniawan, H., Sinto, R., Singh, G., Nainggolan, L., Nelwan, E. J., Chen, L. K., Widhani, A., Wijaya, E., Wicaksana, B., Maksum, M., Annisa, F., Jasirwan, C. O. M., & Yunihastuti, E. (2020). Coronavirus Disease 2019: Tinjauan Literatur Terkini. *Jurnal Penyakit Dalam Indonesia*, *7*(1), 45–67.

Takano, T., Hirose, M., Yamasaki, Y., Hara, M., Okada, T., & Kunishima, H. (2022). Investigation of the incidence of immunisation stress-related response following COVID-19 vaccination in healthcare workers. *Journal of Infection and Chemotherapy : Official Journal of the Japan Society of*

Chemotherapy, *S1341-321X*(22).

Tanriover, M. D., Doğanay, H. L., Akova, M., Güner, H. R., Azap, A., Akhan, S., Köse, Ş., Erdinç, F. Ş., Akalın, E. H., Tabak, Ö. F., Pullukçu, H., Batum, Ö., Şimşek Yavuz, S., Turhan, Ö., Yıldırmak, M. T., Köksal, İ., Taşova, Y., Korten, V., Yılmaz, G., … CoronaVac Study Group. (2021). Efficacy and safety of an inactivated whole-virion SARS-CoV-2 vaccine (CoronaVac): interim results of a double-blind, randomised, placebo-controlled, phase 3 trial in Turkey. *Lancet*, *398*(10296), 213–222.

Tozzi, A. E., Asturias, E. J., Balakrishnan, M. R., Halsey, N. A., Law, B., & Zuber, P. L. (2013). Assessment of causality of individual adverse events following immunization (AEFI): a WHO tool for global use. *Vaccine*, *31*(44), 5041–5046.

Tran, V. N., Nguyen, H. A., Le, T., Truong, T. T., Nguyen, P. T., & Nguyen, T. (2021). Factors influencing adverse events following immunization with AZD1222 in Vietnamese adults during first half of 2021. *Vaccine*, *39*(44), 6485–6491.

Utami, W., Rahmawati, R., Patonah, S., & Wahyudi, I. (2022). Adverse Events Following Immunization (AEFI) of COVID-19 vaccines and their association with comorbidities in health personnel and public servants in Indonesia. *Public Health of Indonesia*, *8*(2), 39–45.

von Csefalvay, C. (2021). A case-control study of autoimmune AEFIs following COVID-19 vaccination reported to VAERS. *MedRxiv*, 1–16.

WHO. (2016). *Immunization safety surveillance: guidelines for immunization programme managers on surveillance of adverse events following immunization.* (3rd ed.). WHO.

WHO. (2020). *Covid-19 Vaccine safety Surveilance Manual: Monitoring and responding to adverse events following immunization (AEFIs)*.

WHO. (2021a). *COVID-19 vaccines: safety surveillance manual*.

WHO. (2021b). *Statement on the sixth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic*.

Wieske, L., Kummer, L., van Dam, K., Stalman, E. W., van der Kooi, A. J., Raaphorst, J., Löwenberg, M., Takkenberg, R. B., Volkers, A. G., D'Haens, G., Tas, S. W., Spuls, P. I., Bekkenk, M. W., Musters, A. H., Post, N. F., Bosma, A. L., Hilhorst, M. L., Vegting, Y., Bemelman, F. J., Killestein, J., & Group, T. immunity against S.-C.-2 study. (2022). Risk factors associated with short-term adverse events after SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases. *BMC Medicine*, *20*(1), 100.

Wisnewski, A. V., Luna, J. C., & Redlich, C. A. (2021). Human IgG and IgA responses to COVID-19 mRNA vaccines. *PLoS One*, *16*(6), e0249499.

Wu, Q., Dudley, M. Z., Chen, X., Bai, X., Dong, K., Zhuang, T., Salmon, D., & Yu, H. (2021). Evaluation of the safety profile of COVID-19 vaccines: a rapid review. *BMC Medicine*, *19*(1), 173.

Xia, S., Zhang, Y., Wang, Y., Wang, H., Yang, Y., Gao, G. F., Tan, W., Wu, G., Xu, M., Lou, Z., Huang, W., Xu, W., Huang, B., Wang, H., Wang, W., Zhang, W., Li, N., Xie, Z., Ding, L., … Yang, X. (2021). Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBIBP-CorV: a randomised, double-blind, placebo-controlled, phase 1/2 trial. *The Lancet Infectious Diseases*, *21*(1), 39–51.

Yang, S., Li, Y., Dai, L., Wang, J., He, P., Li, C., Fang, X., Wang, C., Zhao, X., Huang, E., Wu, C., Zhong, Z., Wang, F., Duan, X., Tian, S., Wu, L., Liu, Y., Luo, Y., Chen, Z., … Gao, G. F. (2021). Safety and immunogenicity of a recombinant tandem-repeat dimeric RBD-based protein subunit vaccine (ZF2001) against COVID-19 in adults: two randomised, double-blind, placebo-controlled, phase 1 and 2 trials. *The Lancet Infectious Diseases*, *21*(8), 1107–1119.

Yap, C., Ali, A., Prabhakar, A., Prabhakar, A., Pal, A., Lim, Y. Y., & Kakodkar, P. (2021). Comprehensive literature review on COVID-19 vaccines and role of SARS-CoV-2 variants in the pandemic. *Therapeutic Advances in Vaccines and Immunotherapy*, *9*, 25151355211059790.

Younus, M. M., & Al-Jumaili, A. A. (2021). An Overviewof COVID-19 Vaccine Safety and Post-marketing Surveillance Systems. *INNOVATIONS in Pharmacy*, *12*(4), 8–8.

Zakiniaeiz, Y., & Potenza, M. N. (2018). Gender-related differences in addiction: A review of human studies. *Current Opinion in Behavioral Sciences*, *23*, 171–175.

Zhang, T., Wu, Q., & Zhang, Z. (2020). Probable pangolin origin of SARS-CoV-2 associated with the COVID-19 outbreakle. *Current Biology*, *30*(7), 1346–1351.

LAMPIRAN

Surat Izin Penelitian

PEMERINTAH KOTA MEDAN
DINAS KESEHATAN
Jalan Rotan Komplek Petisah Telepon/Faksimile(061) 4520331
Website : dinkes.pemkomedan.go.id email : dinkes@pemkomedan.go.id
MEDAN

Medan, 20 Juni 2022

Nomor : 440/2163 /VI/2022
Lamp : -
Perihal : Izin Riset

Kepada Yth :
Fakultas Kesehatan Masyarakat
Universitas Islam Negeri Sumatera Utara Medan
Di
MEDAN

Sehubungan dengan surat Wakil Dekan Bidang Akademik Dan Kelembagaan Fakultas Kesehatan Masyarakat Universitas Islam Negeri Sumatera Utara Nomor : B.1797/Un.11/KM.1/KP.00/06/2022 Tanggal 14 Juni 2022 Perihal tentang melaksanakan izin riset di lingkungan Dinas Kesehatan Kota Medan, kepada:

Nama : Arrafi Insani
NIM : 0801182277
Judul : Faktor Risiko Kejadian KIPI pada Wilayah Kerja Puskesmas Sentosa Baru.

Berkenaan hal tersebut diatas, maka dengan ini kami sampaikan bahwa kami :

1. Dapat menyetujui kegiatan penelitian yang dilaksanakan oleh yang bersangkutan tersebut sepanjang tidak bertentangan dengan peraturan yang berlaku, serta mematuhi pelaksanaan protokol kesehatan penanganan COVID – 19 di Wilayah Kerja Dinas Kesehatan Kota Medan Puskesmas Sentosa Baru.
2. Dalam rangka meningkatkan Validasi Data hasil penelitian maka diharapkan kepada saudara agar memberikan hasil penelitian, dalam bentuk hard copy dan soft copy ke Dinas Kesehatan Kota Medan Sebanyak 1 Eksamplar.

Demikian kami sampaikan agar dapat dimaklumi, atas kerjasama yang baik diucapkan terima kasih.

A.n. KEPALA DINAS KESEHATAN
KOTA MEDAN
SEKRETARIS,

EDI SUBROTO, SKM, M.Kes
PEMBINA
NIP.19720827 199703 1 004

Kuesioner

No.	A. Karakteristik Responden		
1.	Nama	:	
2.	Usia	:	…….. tahun
3.	Tinggi	:	…….. cm
4.	Berat badan	:	…….. kg
5.	Apakah anda perokok	:	☐Ya ☐Tidak
6.	Konsumsi rokok	:	…….. batang/hari
7.	Usia pertama merokok	:	…….. tahun
8.	Jenis Kelamin	:	☐Laki-laki ☐Perempuan
9.	Sudah melakukan vaksinasi	:	☐Sudah ☐Belum
10.	Jumlah dosis yang diterima	:	☐Dosis 1 ☐Dosis 2 ☐*Booster*
11.	Tanggal riwayat penerimaan dosis vaksin terakhir	:	Tanggal: …….. Bulan: ..…… Tahun: ..…...
12.	Merek vaksin yang pada dosis yang diterima terakhir	:	☐Pvizer ☐Moderna ☐CoronaVac ☐AstraZeneca ☐Janssen ☐Novavax ☐Sinopharm ☐Lainya……
13.	Riwayat COVID-19	:	☐Ya ☐Tidak
14.	Riwayat Komorbid	:	☐Diabetes ☐Penyakit kardiovaskular ☐Hipertensi ☐Penyakit Ginjal ☐Hamil ☐Penyakit hati ☐Kangker ☐Gangguan immunologi ☐Penyakit paru lain (PPOK,TBC, asma, dll) ☐Lainya……. ☐Tidak ada

	B. KIPI COVID-19		
No.	**Pertanyaan**	**Jawaban**	
		Ya	**Tidak**
1.	Apakah anda merasakan gejala tertentu/efek pasca vaksinasi (KIPI) di dosis yang terakhir kali anda terima?		
2.	Jika iya, gejala atau efek apa saja yang anda rasakan?		
	Bengkak di tempat suntikan		
	Perdarahan di tempat suntikan		
	Ruam lokal, bengkak, merah & gatal:		
	- pada kulit		
	- pada bibir		
	- pada mata		
	Ruam tersebar:		
	- pada muka		
	- pada anterior tubuh		

	- pada posterior tubuh		
	- pada anggota gerak		
	- seluruh tubuh		
	Demam tinggi > 39^0		
	Nyeri kepala		
	Nyeri otot		
	Lesu		
	Batuk/pilek		
	Diare		
	Muntah		
	Sesak napas		
	Kuning / ikterik		
	Perdarahan		
	Kejang		
	Kelemahan/kelumpuhan otot lengan/tungkai		
	Pingsan (sinkop)		
	Penurunan kesadaran		
	Tanda-tanda syok anafilaktik		
	Sakit kepala		
	Lemas & kebas seluruh tubuh		
	Pembengkakan kelenjar getah bening (leher/ketiak/lipat paha)		
	Sakit disertai kelemahan pada lengan yang disuntik		
	Lain-lain: ……		

Hasil Analisis

Univariat

Riwayat KIPI COVID-19

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	138	74,6	74,6	74,6	,3	3,3	67,6	81,3
	Tidak	47	25,4	25,4	100,0	-,3	3,3	18,7	32,4
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Gejala KIPI COVID-19

Bengkak di tempat suntikan

	Frequency	Percent	Valid	Cumulative	Bootstrap for Percent[a]

				Percent	Percent	Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	25	13,5	13,5	13,5	-,1	2,6	8,6	18,4
	Tidak	160	86,5	86,5	100,0	,1	2,6	81,6	91,4
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Perdarahan di tempat suntikan

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	2	1,1	1,1	1,1	-,1	,7	,0	2,7
	Tidak	183	98,9	98,9	100,0	,1	,7	97,3	100,0
	Total	185	100,0	100,0		-14,6	35,4	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

bercak bercak merah dan gatal lokal, bengkak, merah & gatal pada kulit

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	8	4,3	4,3	4,3	,0	1,5	1,6	7,6
	Tidak	177	95,7	95,7	100,0	,0	1,5	92,4	98,4
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

bercak bercak merah dan gatal pada bagian belakang tubuh

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	1	,5	,5	,5	,0	,5	,0	1,6
	Tidak	184	99,5	99,5	100,0	,0	,5	98,4	100,0
	Total	185	100,0	100,0		-30,3	46,1	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

bercak bercak merah dan gatal pada bagian gerak tubuh

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	2	1,1	1,1	1,1	,1	,7	,0	2,7
	Tidak	183	98,9	98,9	100,0	-,1	,7	97,3	100,0
	Total	185	100,0	100,0		-9,7	29,7	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Sakit disertai kelemahan pada lengan yang disuntik

	Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]		
					Bias	Std. Error	95% Confidence Interval

								Lower	Upper
Valid	Ya	46	24,9	24,9	24,9	-,1	3,0	18,9	30,4
	Tidak	139	75,1	75,1	100,0	,1	3,0	69,6	81,1
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Demam tinggi > 39 derajat

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	45	24,3	24,3	24,3	-,1	3,0	18,4	30,4
	Tidak	140	75,7	75,7	100,0	,1	3,0	69,6	81,6
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Nyeri kepala

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	50	27,0	27,0	27,0	-,1	3,4	20,4	33,2
	Tidak	135	73,0	73,0	100,0	,1	3,4	66,8	79,6
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Nyeri otot

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	85	45,9	45,9	45,9	,1	3,8	38,7	53,2
	Tidak	100	54,1	54,1	100,0	-,1	3,8	46,8	61,3
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Lesu

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	64	34,6	34,6	34,6	-,3	3,5	28,1	41,4
	Tidak	121	65,4	65,4	100,0	,3	3,5	58,6	71,9
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Batuk/pilek

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	28	15,1	15,1	15,1	,0	2,8	10,1	20,7
	Tidak	157	84,9	84,9	100,0	,0	2,8	79,3	89,9
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Diare

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	5	2,7	2,7	2,7	,1	1,2	,5	5,4
	Tidak	180	97,3	97,3	100,0	-,1	1,2	94,6	99,5
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Muntah

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	1	,5	,5	,5	,0	,6	,0	1,8
	Tidak	184	99,5	99,5	100,0	,0	,6	98,2	100,0
	Total	185	100,0	100,0		-35,7	48,0	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Sesak napas

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	5	2,7	2,7	2,7	,0	1,2	,5	5,4
	Tidak	180	97,3	97,3	100,0	,0	1,2	94,6	99,5
	Total	185	100,0	100,0		-1,6	12,7	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Kejang

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	1	,5	,5	,5	,0	,5	,0	1,8
	Tidak	184	99,5	99,5	100,0	,0	,5	98,2	100,0
	Total	185	100,0	100,0		-38,4	48,8	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Penurunan kesadaran

	Frequency	Percent	Valid	Cumulative	Bootstrap for Percent[a]

				Percent	Percent	Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	2	1,1	1,1	1,1	,0	,8	,0	2,7
	Tidak	183	98,9	98,9	100,0	,0	,8	97,3	100,0
	Total	185	100,0	100,0		-13,5	34,3	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

DESKRIPTIF FAKTOR RISIKO KIPI PADA LANSIA

Obesitas

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	71	38,4	38,4	38,4	,3	3,9	30,8	46,8
	Tidak	114	61,6	61,6	100,0	-,3	3,9	53,2	69,2
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Perempuan	120	64,9	64,9	64,9	-,2	3,6	56,8	71,4
	Laki-laki	65	35,1	35,1	100,0	,2	3,6	28,6	43,2
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Perokok

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	58	31,4	31,4	31,4	,2	3,5	25,4	39,1
	Tidak	127	68,6	68,6	100,0	-,2	3,5	60,9	74,6
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Durasi merokok

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	=>10 Tahun	53	28,6	28,6	28,6	,4	3,4	23,6	36,4
	<10 Tahun	132	71,4	71,4	100,0	-,4	3,4	63,6	76,4
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Riwayat COVID-19

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	25	13,5	13,5	13,5	,1	2,5	9,2	18,6
	Tidak	160	86,5	86,5	100,0	-,1	2,5	81,4	90,8
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Riwayat Komorbid

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	51	27,6	27,6	27,6	,1	3,3	20,4	34,2
	Tidak	134	72,4	72,4	100,0	-,1	3,3	65,8	79,6
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Jumlah Dosis Vaksin COVID-19 yang diterima

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Dosis 1	17	9,2	9,2	9,2	,0	2,0	4,9	13,2
	Dosis 2	124	67,0	67,0	76,2	-,1	3,2	60,2	73,0
	Booster	44	23,8	23,8	100,0	,1	3,1	16,6	29,4
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Merek Vaksin yang terakhir didapat

	Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
					Bias	Std. Error	95% Confidence Interval	
							Lower	Upper

Valid	Pfizer	35	18,9	18,9	18,9	,0	2,9	12,4	23,8
	Moderna	23	12,4	12,4	31,4	,2	2,8	7,0	18,4
	AstraZeneca	14	7,6	7,6	38,9	-,2	1,9	3,2	11,4
	CoronaVac	68	36,8	36,8	75,7	-,1	3,5	29,6	44,0
	Sinopharm	45	24,3	24,3	100,0	,2	3,3	18,2	31,5
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Tipe Vaksin yang terakhir didapat

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	mRNA	58	31,4	31,4	31,4	,1	3,5	24,0	37,8
	Live Vector	14	7,6	7,6	38,9	-,2	1,9	3,2	11,4
	Mati/dilemahkan	113	61,1	61,1	100,0	,1	3,6	55,5	69,2
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Distribusi Komorbid Pada Lansia

Riwayat Diabetes

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	12	6,5	6,5	6,5	,0	1,7	3,1	9,7
	Tidak	173	93,5	93,5	100,0	,0	1,7	90,3	96,9
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Riwayat Penyakit Kardiovaskular

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	12	6,5	6,5	6,5	-,1	1,7	3,1	9,9
	Tidak	173	93,5	93,5	100,0	,1	1,7	90,1	96,9
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Riwayat Hipertensi

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	Ya	30	16,2	16,2	16,2	-,1	2,7	11,2	22,2
	Tidak	155	83,8	83,8	100,0	,1	2,7	77,8	88,8
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Riwayat Penyakit Ginjal

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	1	1	,5	,5	,5	,0	,5	,0	1,6
	2	184	99,5	99,5	100,0	,0	,5	98,4	100,0
	Total	185	100,0	100,0		-39,5	49,0	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Riwayat Penyakit Hati

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	1	2	1,1	1,1	1,1	-,1	,7	,0	2,7
	2	183	98,9	98,9	100,0	,1	,7	97,3	100,0
	Total	185	100,0	100,0		-12,4	33,1	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Riwayat gangguan imunitas

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	1	1	,5	,5	,5	-,1	,5	,0	1,6
	2	184	99,5	99,5	100,0	,1	,5	98,4	100,0
	Total	185	100,0	100,0		-41,1	49,3	,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Riwayat Penyakit Paru

		Frequency	Percent	Valid Percent	Cumulative Percent	Bootstrap for Percent[a]			
						Bias	Std. Error	95% Confidence Interval	
								Lower	Upper
Valid	1	11	5,9	5,9	5,9	-,2	1,7	2,7	9,4
	2	174	94,1	94,1	100,0	,2	1,7	90,6	97,3
	Total	185	100,0	100,0		,0	,0	100,0	100,0

a. Unless otherwise noted, bootstrap results are based on 185 bootstrap samples

Bivariat

Hubungan Jenis Kelamin Dengan Riwayat KIPI COVID-19

Crosstab

Count

		Riwayat KIPI COVID-19		Total
		Ya	Tidak	
Jenis Kelamin	Perempuan	99	21	120
	Laki-laki	39	26	65
Total		138	47	185

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11,263[a]	1	,001		
Continuity Correction[b]	10,107	1	,001		
Likelihood Ratio	10,910	1	,001		
Fisher's Exact Test				,001	,001
Linear-by-Linear Association	11,202	1	,001		
N of Valid Cases	185				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 16,51.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Jenis Kelamin (Perempuan / Laki-laki)	3,143	1,586	6,229
For cohort Riwayat KIPI COVID-19 = Ya	1,375	1,109	1,705
For cohort Riwayat KIPI COVID-19 = Tidak	,438	,268	,714
N of Valid Cases	185		

Hubungan Obesitas Dengan Riwayat KIPI COVID-19

Crosstab

Count

		Riwayat KIPI COVID-19		Total
		Ya	Tidak	
Obesitas	Ya	53	18	71
	Tidak	85	29	114
Total		138	47	185

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,000[a]	1	,990		
Continuity Correction[b]	,000	1	1,000		
Likelihood Ratio	,000	1	,990		
Fisher's Exact Test				1,000	,566
Linear-by-Linear Association	,000	1	,990		
N of Valid Cases	185				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 18,04.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Obesitas (Ya / Tidak)	1,005	,509	1,985
For cohort Riwayat KIPI COVID-19 = Ya	1,001	,842	1,190
For cohort Riwayat KIPI COVID-19 = Tidak	,997	,600	1,656
N of Valid Cases	185		

Hubungan Merokok Dengan Riwayat KIPI COVID-19

Crosstab

Count

		Riwayat KIPI COVID-19		Total
		Ya	Tidak	
Perokok	Ya	40	18	58
	Tidak	98	29	127
Total		138	47	185

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,413[a]	1	,235		
Continuity Correction[b]	1,013	1	,314		
Likelihood Ratio	1,381	1	,240		
Fisher's Exact Test				,275	,157
Linear-by-Linear Association	1,405	1	,236		
N of Valid Cases	185				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 14,74.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Perokok (Ya / Tidak)	,658	,329	1,316
For cohort Riwayat KIPI COVID-19 = Ya	,894	,734	1,088
For cohort Riwayat KIPI COVID-19 = Tidak	1,359	,825	2,239
N of Valid Cases	185		

Hubungan Durasi Merokok Dengan Riwayat KIPI COVID-19

Durasimerokok2 * Riwayat KIPI Covid-19 Crosstabulation

Count

		Riwayat KIPI Covid-19		Total
		Ya	Tidak	
Durasimerokok2	=>10 Tahun	36	17	53
	<10 Tahun	102	30	132
Total		138	47	185

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,744[a]	1	,187		
Continuity Correction[b]	1,285	1	,257		
Likelihood Ratio	1,694	1	,193		
Fisher's Exact Test				,196	,129
Linear-by-Linear Association	1,734	1	,188		
N of Valid Cases	185				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 13,46.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Durasimerokok2 (=>10 Tahun / <10 Tahun)	,623	,307	1,262
For cohort Riwayat KIPI Covid-19 = Ya	,879	,715	1,081
For cohort Riwayat KIPI Covid-19 = Tidak	1,411	,854	2,333
N of Valid Cases	185		

Hubungan Durasi Merokok Dengan Riwayat KIPI COVID-19 Pada Lansia Perokok

Crosstabulation

Count

		Riwayat KIPI Covid-19		Total
		Ya	Tidak	
Durasimerokok2	=>10 Tahun	36	17	53
	<10 Tahun	4	1	5
Total		40	18	58

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,311[a]	1	,577		
Continuity Correction[b]	,003	1	,958		
Likelihood Ratio	,335	1	,563		
Fisher's Exact Test				1,000	,503
Linear-by-Linear Association	,306	1	,580		
N of Valid Cases	58				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,55.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Durasimerokok2 (=>10 Tahun / <10 Tahun)	,529	,055	5,104
For cohort Riwayat KIPI Covid-19 = Ya	,849	,528	1,366
For cohort Riwayat KIPI Covid-19 = Tidak	1,604	,266	9,666
N of Valid Cases	58		

Hubungan Riwayat COVID-19 Dengan Riwayat KIPI COVID-19

Crosstab

Count

		Riwayat KIPI COVID-19		Total
		Ya	Tidak	
Riwayat COVID-19	Ya	23	2	25
	Tidak	115	45	160
Total		138	47	185

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4,621[a]	1	,032		
Continuity Correction[b]	3,620	1	,057		
Likelihood Ratio	5,636	1	,018		
Fisher's Exact Test				,045	,022
Linear-by-Linear Association	4,596	1	,032		
N of Valid Cases	185				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 6,35.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Riwayat COVID-19 (Ya / Tidak)	4,500	1,019	19,876
For cohort Riwayat KIPI COVID-19 = Ya	1,280	1,101	1,488
For cohort Riwayat KIPI COVID-19 = Tidak	,284	,074	1,100
N of Valid Cases	185		

Hubungan Riwayat Komorbid Dengan Riwayat KIPI COVID-19

Crosstab

Count

		Riwayat KIPI COVID-19		Total
		Ya	Tidak	
Riwayat Komorbid	Ya	46	5	51
	Tidak	92	42	134
Total		138	47	185

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	9,043[a]	1	,003		
Continuity Correction[b]	7,943	1	,005		
Likelihood Ratio	10,331	1	,001		
Fisher's Exact Test				,002	,001
Linear-by-Linear Association	8,995	1	,003		
N of Valid Cases	185				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 12,96.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Riwayat Komorbid (Ya / Tidak)	4,200	1,557	11,331
For cohort Riwayat KIPI COVID-19 = Ya	1,314	1,135	1,520
For cohort Riwayat KIPI COVID-19 = Tidak	,313	,131	,746
N of Valid Cases	185		

Hubungan Jumlah Dosis Dengan Riwayat KIPI COVID-19

Categorical Variables Codings

		Frequency	Parameter coding	
			(1)	(2)
Jumlah Dosis Vaksin COVID-19 yang diterima	Dosis 1	17	1,000	,000
	Dosis 2	124	,000	1,000
	Booster	44	,000	,000

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	JumlahDosis			2,141	2	,343			
	JumlahDosis(1)	-,898	,641	1,965	1	,161	,407	,116	1,430
	JumlahDosis(2)	-,490	,441	1,236	1	,266	,613	,258	1,453
	Constant	1,504	,391	14,807	1	,000	4,500		

a. Variable(s) entered on step 1: JumlahDosis.

Hubungan Tipe Vaksin Dengan Riwayat KIPI COVID-19

Categorical Variables Codings

		Frequency	Parameter coding	
			(1)	(2)
Tipe Vaksin yang terakhir didapat	mRNA	58	1,000	,000
	Live Vector	14	,000	1,000
	Mati/dilemahkan	113	,000	,000

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	TipeVaksin			2,218	2	,330			
	TipeVaksin(1)	,567	,394	2,072	1	,150	1,762	,815	3,813
	TipeVaksin(2)	,414	,683	,367	1	,545	1,512	,396	5,773
	Constant	,886	,207	18,320	1	,000	2,424		

a. Variable(s) entered on step 1: TipeVaksin.

Hubungan Merek Vaksin Dengan Riwayat KIPI COVID-19

Categorical Variables Codings

		Frequency	Parameter coding			
			(1)	(2)	(3)	(4)
Merek Vaksin yang terakhir didapat	Pfizer	35	1,000	,000	,000	,000
	Moderna	23	,000	1,000	,000	,000
	AstraZeneca	14	,000	,000	1,000	,000
	CoronaVac	68	,000	,000	,000	1,000
	Sinopharm	45	,000	,000	,000	,000

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	MerekVaksin			3,991	4	,407			
	MerekVaksin(1)	,266	,503	,279	1	,597	1,305	,487	3,498
	MerekVaksin(2)	1,556	,807	3,719	1	,054	4,742	,975	23,062
	MerekVaksin(3)	,504	,727	,482	1	,488	1,656	,399	6,879
	MerekVaksin(4)	,152	,420	,132	1	,717	1,165	,511	2,655
	Constant	,795	,322	6,094	1	,014	2,214		

a. Variable(s) entered on step 1: MerekVaksin.

Multivariat

Analisis Regresi Logistik Faktor Risiko Kejadian KIPI COVID-19 Pada Lansia di Wilayah Kerja Puskesmas Sentosa Baru

Categorical Variables Codings

		Frequency	Parameter coding (1)
Riwayat Komorbid	Ya	51	1,000
	Tidak	134	,000
Perokok	Ya	58	1,000
	Tidak	127	,000
Durasi Merokok (Tahun)	>10 Tahun	52	1,000
	<=10 tahun	133	,000
Riwayat COVID-19	Ya	25	1,000
	Tidak	160	,000
Jenis Kelamin	Perempuan	120	1,000
	Laki-laki	65	,000

Model awal

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	JenisKelamin(1)	1,599	,494	10,490	1	,001	4,950	1,880	13,031
	Merokok(1)	1,465	1,241	1,394	1	,238	4,328	,380	49,267
	Durasimerokok2(1)	-,898	1,200	,560	1	,454	,407	,039	4,280
	RiwayatCovid(1)	1,755	,792	4,908	1	,027	5,782	1,224	27,305
	Komorbid(1)	1,361	,522	6,791	1	,009	3,900	1,401	10,853
	Constant	-,529	,466	1,288	1	,256	,589		

a. Variable(s) entered on step 1: JenisKelamin, Merokok, Durasimerokok2, RiwayatCovid, Komorbid.

Model 2 (Variabel Durasi Merokok Dikeluarkan)

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	JenisKelamin(1)	1,579	,495	10,168	1	,001	4,850	1,838	12,802
	Merokok(1)	,628	,512	1,508	1	,219	1,874	,688	5,110
	RiwayatCovid(1)	1,773	,790	5,032	1	,025	5,886	1,251	27,698
	Komorbid(1)	1,351	,521	6,722	1	,010	3,861	1,390	10,719
	Constant	-,513	,467	1,207	1	,272	,599		

a. Variable(s) entered on step 1: JenisKelamin, Merokok, RiwayatCovid, Komorbid.

Perhitungan Perubahan OR Sebelum dan Sesudah Variabel Durasi Merokok Dikeluarkan

Variabel	OR Sebelum	OR Sesudah	Perubahan OR
Jenis Kelamin	4,950	4,850	2%
Merokok	4,328	1,874	56,7%
Riwayat COVID-19	5,782	5,886	2%
Riwayat komorbid	3,900	3,861	1%

Model 3 (Variabel Merokok dikeluarkan)

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	JenisKelamin(1)	1,382	,451	9,392	1	,002	3,984	1,646	9,645
	Durasimerokok2(1)	,362	,475	,580	1	,446	1,436	,566	3,645
	RiwayatCovid(1)	1,738	,787	4,875	1	,027	5,688	1,216	26,616
	Komorbid(1)	1,381	,521	7,017	1	,008	3,980	1,432	11,061
	Constant	-,297	,417	,506	1	,477	,743		

a. Variable(s) entered on step 1: JenisKelamin, Durasimerokok2, RiwayatCovid, Komorbid.

Perhitungan Perubahan OR Sebelum dan Sesudah Variabel Merokok Dikeluarkan

Variabel	OR Sebelum	OR Sesudah	Perubahan OR
Jenis Kelamin	3,984	4,950	24,2%
Durasi Merokok	1,436	,407	71,6%
Riwayat COVID-19	5,688	5,782	1,6%
Riwayat komorbid	3,980	3,900	2%

Model Akhir

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1[a]	JenisKelamin(1)	1,599	,494	10,490	1	,001	4,950	1,880	13,031
	Merokok(1)	1,465	1,241	1,394	1	,238	4,328	,380	49,267
	Durasimerokok2(1)	-,898	1,200	,560	1	,454	,407	,039	4,280
	RiwayatCovid(1)	1,755	,792	4,908	1	,027	5,782	1,224	27,305
	Komorbid(1)	1,361	,522	6,791	1	,009	3,900	1,401	10,853
	Constant	-,529	,466	1,288	1	,256	,589		

a. Variable(s) entered on step 1: JenisKelamin, Merokok, Durasimerokok2, RiwayatCovid, Komorbid.